

Reason for leaving			
From	To	Company Name	Telephone ()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

In case of an emergency, please contact:

1. Full Name: _____

Phone Number: (work) _____ (home) _____

Relationship: _____

2. Full Name: _____

Phone Number: (work) _____ (home) _____

Relationship: _____

We are an equal opportunity employer. Information will not be used for the purpose of discrimination. Employment and advancement are determined by a person's qualifications and abilities without regard to race, color, religion, national origin, sex, age, disability, marital status, sexual orientation or citizenship. For government reporting purposes, please self-identify:

Do you consider yourself to be part of any of the following groups? (circle one)

Caucasian / Black / Hispanic / Asian / American Indian / Pacific Islander / Alaskan Native / Other _____

Do you meet any of the following criteria? **Disabled veteran** **Veteran of any war** **Armed Forces service medal veteran** **Recently separated veterans** (those separated within three years of today's date)

IMPORTANT NOTICES

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that, if selected as an employee, reports verifying your previous employment and your driving record may be obtained for employment purposes and at any time during your employment. You have the right to a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Your signature below signifies receipt of the foregoing disclosure.

You hereby affirm that your answers to the above statements and questions are true and correct to the best of your knowledge, including any documents, such as a resume, that have been provided. You have not knowingly withheld any fact or circumstance that would, if disclosed, affect your application or employment unfavorably.

You understand that any misrepresentation, deception, or false statement made by you may result in not being considered for employment, and if not discovered by the Company until after becoming employed, is grounds for, and may result in, immediate termination.

You understand that the Company requires the successful completion of a post offer urinalysis for drug testing purposes as a condition of employment. By signature, you hereby consent to said test, at the Company's cost and discretion.

Signature: _____ Date: _____