

EDUCATION/TRAINING

CIRCLE LAST YEAR OF EDUCATION COMPLETED

GRADE SCHOOL 9 10 11 12 13 14 15 16 17 18 19 20

HIGH SCHOOL ATTENDED _____ CITY, STATE _____

EMPLOYMENT HISTORY

List 3 most recent jobs, military service and self employment in the USA, beginning with the present and working backwards.

May we contact your present employer? _____ YES _____ NO

Employer's Name _____

Street _____ City _____ State _____ Zip _____

Phone () _____ - _____ Job Title _____

Dates of Employment: From ___/___/___ To ___/___/___ Average # Hrs/Wk _____

Wage Rate: Starting _____ Ending _____ How Paid: _____ Hourly _____ Salaried

Duties & Responsibilities: _____

Reason for leaving? _____

Employer's Name _____

Street _____ City _____ State _____ Zip _____

Phone () _____ - _____ Job Title _____

Dates of Employment: From ___/___/___ To ___/___/___ Average # Hrs/Wk _____

Wage Rate: Starting _____ Ending _____ How Paid: _____ Hourly _____ Salaried

Duties & Responsibilities: _____

Reason for leaving? _____

Employer's Name _____

Street _____ City _____ State _____ Zip _____

Phone () _____ - _____ Job Title _____

Dates of Employment: From ___/___/___ To ___/___/___ Average # Hrs/Wk _____

Wage Rate: Starting _____ Ending _____ How Paid: _____ Hourly _____ Salaried

Duties & Responsibilities: _____

Reason for leaving? _____

APPLICANT STATEMENT

Please read the following statements carefully:

1. I certify that the answers given, herein are true and complete to the best of my knowledge and are subject to confirmation by Bev Naps Inc.
2. I hereby acknowledge notification, in compliance with the Fair Credit Reporting Act, that Bev Naps Inc. may make such investigations and inquiries of my personal, employment, financial, or other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and all other persons contacted from all liability.
3. In the event of employment, I understand I am applying for employment which can be terminated at will by either myself or Bev Naps Inc. at any time and that nothing contained in any application, manual, brochure, or other materials shall constitute an implied or expressed contract for employment. I also acknowledge that Bev Naps Inc. may request previous employment information to evaluate my qualifications for employment. I understand that false or incomplete information in an application for employment is grounds for dismissal and forfeiture of all related benefits. I understand that I am required to abide by all company rules and regulations.
4. I also understand and agree that Bev Naps Inc. supports the Drug Free Workplace concept and as such will require me to submit to a post-accident drug test if I am injured and require medical attention as a condition of employment or continued employment. These drug tests will be administered post-accident. Refusal to submit to a post-accident drug test or a positive test will result in disciplinary action up to and including termination of employment.

Signature _____

Date _____