

REFERENCES Please list names and contact numbers of business or work references who are *not* related to you.

NAME	CONTACT NUMBER	YEARS KNOWN

EDUCATION Please list the most recent schools that you attended.

SCHOOL	NUMBER OF YEARS COMPLETED	GPA RANK	FIELD STUDIED	DEGREE/DIPLOMA

ADDITIONAL INFORMATION Please list professional, trade, business or civic associations and any office held.

ORGANIZATION	OFFICE HELD

SKILLS & QUALIFICATIONS Please summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only sixty (60) days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of applicant _____ Date _____