

Previous Employment (begin with most recent position)

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____
Company Name _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Supervisor: _____ Title: _____
Responsibilities: _____
Starting Salary and Title: _____ Ending Salary and Title: _____
Reason for Leaving: _____
May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____
Company Name _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Supervisor: _____ Title: _____
Responsibilities: _____
Starting Salary and Title: _____ Ending Salary and Title: _____
Reason for Leaving: _____
May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____
Company Name _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Supervisor: _____ Title: _____
Responsibilities: _____
Starting Salary and Title: _____ Ending Salary and Title: _____
Reason for Leaving: _____
May we contact this employer for a reference? Yes No

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature of Applicant: _____ Date: _____

This application for employment is sold only for general use throughout the United States. Adams assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state, and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.