

EMPLOYMENT HISTORY

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section below. If you need additional space, please use the comments section below.

| | | | | |
|---|--------------------------|-------------------|-----|---|
| Employer | Telephone () | Dates Employed | | Summarize the nature of the work performed and job responsibilities |
| Address | City State Zip | From | To | |
| Job Title | | Starting Pay Rate | | |
| Immediate Supervisor | | \$ | Per | |
| Reason For Leaving | | Final Pay Rate | | |
| May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | | \$ | Per | |
| Employer | Telephone () | Dates Employed | | Summarize the nature of the work performed and job responsibilities |
| Address | City State Zip | From | To | |
| Job Title | | Starting Pay Rate | | |
| Immediate Supervisor | | \$ | Per | |
| Reason For Leaving | | Final Pay Rate | | |
| May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | | \$ | Per | |
| Employer | Telephone () | Dates Employed | | Summarize the nature of the work performed and job responsibilities |
| Address | City State Zip | From | To | |
| Job Title | | Starting Pay Rate | | |
| Immediate Supervisor | | \$ | Per | |
| Reason For Leaving | | Final Pay Rate | | |
| May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | | \$ | Per | |

Comments (including explanation of any gaps in employment)

EDUCATIONAL BACKGROUND

List your last three (3) schools attended, starting with the last one. List the number of years completed. Indicate degree or diploma earned, if any. Indicate major and minor field of study (if applicable).

| SCHOOL | No. Years Completed | Degree/Diploma | Major and/or Minor |
|--------|---------------------|----------------|--------------------|
| | | | |
| | | | |
| | | | |

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

TYPE: _____ STATE ISSUED: _____ DATE: _____ NO. _____

TYPE: _____ STATE ISSUED: _____ DATE: _____ NO. _____

LANGUAGE SKILLS (Where related to position sought)

LANGUAGE: _____

DO YOU: SPEAK Fair WRITE Fair
 Good Good
 Fluent Fluent

PROFESSIONAL REFERENCES

List the name, address, and telephone number of 3 (three) business/work references who **ARE NOT** related to you.

| NAME | ADDRESS | TELEPHONE | YEARS KNOWN |
|------|---------|-----------|-------------|
| | | | |
| | | | |
| | | | |

List professional, trade, business, or civic associations and any offices held (exclude memberships which would reveal sex, race, religion, national origin, age, color, disability, or other protected status).

| ORGANIZATION | OFFICES HELD |
|--------------|--------------|
| | |
| | |

List special accomplishments, publications, or awards (exclude memberships which would reveal sex, race, religion, national origin, age, color, disability, or other protected status).

Skills and Qualifications (summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company):

List any office or shop machines you are able to operate:

Do you read Blue Prints? Yes No

Rule or Scale? Yes No

Micrometer? Yes No

APPLICANT CERTIFICATION AND AGREEMENT

I certify that the information provided in this application is true and complete. I authorize an investigation of all statements contained in my application for employment and understand that any false or misleading statements or material omissions are cause for refusal to hire or separation of employment. I hereby authorize former and present employers, except as I have otherwise indicated in writing, as well as references and others to provide or verify information they have regarding me or my employment with them to Work, INC., Inc. or its representatives and release them from any liability arising from the furnishing of any employment history.

I understand that employment at Work, INC., Inc. is conditioned upon satisfactorily passing a physical examination in accordance with the Health and Safety policy, the receipt of satisfactory references from former employers, and if required, the receipt of satisfactory character references.

I further agree and understand that except as governed by existing federal, state or local law, where applicable my employment or an offer of employment establishes no guarantee or promise of continued employment or set hours of work or any other obligation on the part of Work, INC., Inc. beyond pay for actual work performed at the agreed rate and that the employment relationship may be terminated at any time, by myself or Work, INC., Inc., at either party's option and will.

I understand that the needs of Work, INC., Inc. may require that I be assigned increased hours, decreased hours, shift work, overtime work, weekend work, rotation shifts or other work schedule assignments or changes in my work schedule as a condition of employment with Work, INC., Inc.

I agree to accept and abide by the policies of Work, INC., Inc. as may from time to time be established or amended. I agree to protect the confidence and privacy of any and all information that pertains to the conduct of Work, INC., Inc. business.

Work, INC., Inc. is a drug free workplace and all employees will be expected to demonstrate compliance at all times.

Work, INC., Inc. is an Equal Opportunity Employer. Work, INC., Inc. does not discriminate in employment and no question of this application is for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

Failure of the drug screen will result in non-employment.

Signature Of Applicant

Date