



**EMPLOYMENT HISTORY**

**Begin with last position first. At least 7 years of work history must be provided. (Attach additional paper if necessary.)**

Company Name/Address/Telephone	Supervisor	Dates Month/Year	Position Held	Rate of Pay	Reason for Leaving
		To: From:			
		To: From:			
		To: From:			
		To: From:			

May we contact your present employer? \_\_\_\_\_

**REFERENCES**

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I understand and agree that: Any material misrepresentation or deliberate omission of a fact in my application may result in refusal of, or if employed, immediate termination from employment. Although management makes every effort to accommodate individual preference, business needs may at times make the following conditions mandatory: overtime, shift work, rotating work schedule, or work schedule other than Monday through Friday. I understand and accept these conditions of my continuing employment. It is my understanding that EGR, INC will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews.

I authorize such investigation and the giving and receiving of any information requested by EGR and I release from liability any person giving or receiving such information. I agree that my employment is at will and may be terminated by EGR or myself at any time with or without notice or cause and without liability for wages or salary except such as may have been earned at the date of such termination. I further understand that this is an application for employment and that no employment contract is being offered, nor will any result from my employment with EGR. I understand that if I am employed, such employment is for no definite period of time and that EGR can change wages, benefits and conditions at any time.

I acknowledge that any oral representation or written statements which may have been made to me to the contrary of this paragraph are expressly disavowed and may not be relied upon.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**REFERENCE CHECK**

Reference	Comments	Checked by