



**MILITARY** (Complete this section if you served in the U.S. Armed Forces)

Describe your duties and any special training.

Branch of Service                      Period of Active Duty (Month & Year)

Rank at Discharge                      Date of Final Discharge

**EMPLOYMENT** (Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.)

Company Name and Address                      Telephone No.

Name of Supervisor                      Employed from: (Month/Year) to (Month/Year)

State Job Title and Describe your work

Reason for Leaving

Company Name and Address                      Telephone No.

Name of Supervisor                      Employed from: (Month/Year) to (Month/Year)

State Job Title and Describe your work

Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do Not Contact: Employer(s) \_\_\_\_\_

Reason \_\_\_\_\_

I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I authorize you to obtain an investigative consumer report containing information obtained through personal interviews with my neighbors, friends and acquaintances. This report, if obtained, may include information as to my character, general reputation, personal characteristics and mode of living. I understand I have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any such investigation.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature