



Employment Application – Page 2

\_\_\_\_\_  
Name of Employer

(\_\_\_\_\_) \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dates of Employment:    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
  From  To

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

If necessary, may we contact this employer for verification of employment? .....  Yes  No

\_\_\_\_\_  
Name of Employer

(\_\_\_\_\_) \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dates of Employment:    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
  From  To

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

If necessary, may we contact this employer for verification of employment? .....  Yes  No

Are you able to perform the essential functions of the job for which you are applying,  
either with or without reasonable accommodations? .....  Yes  No

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible employees to perform essential functions. Hire may be subject to passing a medical examination, and skill and agility tests.)

**Education, Training and Experience**

School	Name and Address	Year Graduated/ Years Completed	Did you Graduate?	Type of Degree or Diploma
High School	_____ Name	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	_____ Address	_____ City	_____ State	_____ Zip
College	_____ Name	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Highest Degree	_____ Address	_____ City	_____ State	_____ Zip

Please Read Carefully, Initial Each Paragraph, and Sign Below:

\_\_\_\_\_  
Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Initials I hereby authorize the company to thoroughly investigate my references, work history, education, background inclusive of criminal records, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between the Company and myself. I understand and agree, that if I am employed, my employment is for no definite or determinable period. I may be terminated at any time, with or without prior notice, at the option of either myself or Chipton-Ross; and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

\_\_\_\_\_  
Initials I understand and agree that I may be expected to work on a wide variety of job assignments and agree to accept assignments for which I am qualified. I also understand my failure to report for work will indicate that I have quit. I also agree to submit to a drug screen upon request or as specified in Chipton-Ross' substance abuse policy.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature