



**Describe any physical limitations that prevent you from performing any work for which you are being considered:** \_\_\_\_\_

*What can be done to accommodate your limitation?*

## FORMER EMPLOYERS

	Name & Location	Salary	Position	Reason for Leaving
From To				
From To				
From To				
From To				

## REFERENCES

Name	Address	Years Known	Business & Position

*"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 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 all parties from all liability for any damage that may result from furnishing same to you.*

*I understand and agree that if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice. "*

**Applicant's Signature:** \_\_\_\_\_

**Date of Signature:** \_\_\_\_\_