



**EMPLOYERS** (List below last three employers, starting with last employer first.)

1) Name, Address, City/State \_\_\_\_\_  
\_\_\_\_\_

Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_  
Month Year Month Year

Job Title \_\_\_\_\_ Starting Wage \_\_\_\_\_ Final Wage \_\_\_\_\_

Description of Work \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Work Phone No. \_\_\_\_\_

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

2) Name, Address, City/State \_\_\_\_\_  
\_\_\_\_\_

Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_  
Month Year Month Year

Job Title \_\_\_\_\_ Starting Wage \_\_\_\_\_ Final Wage \_\_\_\_\_

Description of Work \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Work Phone No. \_\_\_\_\_

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

3) Name, Address, City/State \_\_\_\_\_  
\_\_\_\_\_

Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_  
Month Year Month Year

Job Title \_\_\_\_\_ Starting Wage \_\_\_\_\_ Final Wage \_\_\_\_\_

Description of Work \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Work Phone No. \_\_\_\_\_

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

**SPECIAL TRAINING/SKILLS:** \_\_\_\_\_

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**AUTHORIZATION:**

**I understand that Open Door Center conducts random drug testing and reasonable suspicion drug and alcohol testing according to established policies.**

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. Having made application, **I hereby authorize Open Door Center to investigate my past record and to ascertain any and all information which may concern my record and character, whether same is of record or not, and hereby authorize my past and present employers, references, educational institutions and all persons who may have relevant information to release such information to Open Door Center.** Further I release my present and past employers, references, educational institutions and all persons whomsoever from any damage or liability because of furnishing said information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and this company for either employment or the provision of any benefits. I further understand that if an employment relationship subsequently is established, it is for no definite period, and I will have the right to terminate my employment and, without prior notice, the company will have a similar right, regardless of the date of payment of wages.

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

**OFFICE USE:**

You have been given a written job description which includes the essential job functions of the position for which you have applied. Are you able to perform each of the essential job functions listed for this position with or without accommodation? YES \_\_\_\_\_ NO \_\_\_\_\_

If you can perform the job functions with an accommodation, please describe how you would perform the functions and with what accommodations.

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