

Applicant Name: _____

EMPLOYMENT HISTORY

Name of Employer _____ Your Position Title _____

Date of Employment: From _____ To _____

Address _____

Supervisor's Name _____ Phone _____

Duties Performed _____

Reason for Leaving _____

Name of Employer _____ Your Position Title _____

Date of Employment: From _____ To _____

Address _____

Supervisor's Name _____ Phone _____

Duties Performed _____

Reason for Leaving _____

Name of Employer _____ Your Position Title _____

Date of Employment: From _____ To _____

Address _____

Supervisor's Name _____ Phone _____

Duties Performed _____

Reason for Leaving _____

Applicant Name: _____

PROFESSIONAL REFERENCES (By signing below, CCF has my permission to verify employment with the following references)

Name _____	Occupation _____
Relationship _____	Years Known _____
Address _____	
City _____	State _____ Zip _____
Phone Number _____	

Name _____	Occupation _____
Relationship _____	Years Known _____
Address _____	
City _____	State _____ Zip _____
Phone Number _____	

Name _____	Occupation _____
Relationship _____	Years Known _____
Address _____	
City _____	State _____ Zip _____
Phone Number _____	

I hereby authorize the company to thoroughly investigate my references, work record, education 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.

Signature _____ Date _____

<i>For CCF use only</i>
Received (date) _____ Abra (initials +date) _____