



**REFERENCES:** Give below the names of three persons not related, whom you have known at least one year.

Name	Address	Phone	Business	Years Acquainted
1.				
2.				
3.				

In case of emergency notify \_\_\_\_\_  
Name Relation

Address Phone

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal. Further, I understand and agree that 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 previous notice.

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