

Employer:	Dates Employed:	Summarize job you performed:
City: State	From:	
Phone Number: ()	To:	
Your Job Title: Supervisor's Name:	May we contact for reference?	Reason for Leaving:
Hourly Rate/ Salary:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Starting: Final:		

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Starting: Final:		

Comments (including explanation of any gaps in your employment history)

EDUCATIONAL BACKGROUND

List the last two schools you attended, starting with the most recent.

School:	City: State	Years Completed:

PERSONAL REFERENCES

List the name and telephone number of two personal references not related to you.

Name:	Telephone Number:	Years Known:
	()	
	()	

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from CHS's service if I have been employed.

I give CHS the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

CHS is an Equal Opportunity Employer. CHS does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by any local, state or federal law.

I understand that just as I am free to resign at any time, CHS reserves the right to terminate my employment at any time, with or without cause, and without any prior notice. I understand that not representative of this employer has any authority to make me any assurances to the contrary.

Signature of Applicant: _____ Date: _____