

# Additional Information

## Specialized Skills

## Check Skills/Equipment Operated

<input type="checkbox"/> PC	<input type="checkbox"/> FAX	Software (list):	Other (list):
<input type="checkbox"/> MAC	<input type="checkbox"/> MS Windows	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Wordperfect	_____	_____

State any additional information you feel may be helpful to us in considering your application.

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## References (Other than a relative or employer).

1.	_____	( )
	Name	Phone #
	_____	
	Address	
2.	_____	( )
	Name	Phone #
	_____	
	Address	
3.	_____	( )
	Name	Phone #
	_____	
	Address	

# Applicant's Statement

I hereby certify that to the best of my knowledge the information presented in this application form is true and complete.

I authorize investigations of all statements contained in this application as may be necessary in arriving at an employment decision except where specifically indicated to the contrary.

I also understand and agree that if hired, neither this application nor any related policies, procedures or practices of the employer shall create an express or implied contract of employment or a promise of continued employment. I further understand that if hired, my employment will be "at will" meaning that such employment may be terminated by the employer at any time and for any reason.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

This application for employment shall be considered active for a period of time not to exceed 45 days.

Please check one:

You may contact my present employer: \_\_\_\_\_

You may not contact my present employer: \_\_\_\_\_

Signature

Date