

Name of Employer:		Employment Dates:	Pay or Salary
Address:		From:	Start:
City, State, Zip Code:		To:	Finish:
Phone Number:	Supervisor:	Job Title:	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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D. References (Include only individuals familiar with your work ability. Do not include relatives.)

Name:	City, State	Phone Number:	Yrs Known:	Relationship:

E. Certification and Release (Please read the following statements carefully.)

☉ I certify that to the best of my knowledge and belief, the information provided in order to complete this application is true, complete and accurate. I understand that false statements or omissions on this application may result in rejection of my application or, if employed, may result in my discharge at any time.

☉ I authorize investigation of all statements covered herein. I further authorize all individuals, companies, schools, corporations, courts and law enforcement agencies to give *Zinniel Utility Contracting* any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from giving this information.

☉ I understand, if hired, that I am employed at will and that my employment and compensation can be terminated with or without cause, and with or without notice, at any time either by myself or by *Zinniel Utility Contracting*

☉ I realize that under certain state or federal laws, I may be required to submit to an alcohol and/or drug test as a condition of my employment. I hereby agree to submit to such an examination if required to do so by company policy and permit disclosure of results to *Zinniel Utility Contracting*

*I understand that completing this application does not guarantee me a position with the company, based on my and other job applicants qualifications. The most qualified applicant will be hired for each position available.

Signature: _____

Date: _____