

EMPLOYMENT: List last employer first, including US Military Service.

May we contact your current employer? ___ yes ___ no

If an employment was under a different name, indicate name _____

1) Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____

Salary _____ Supervisor _____ Department _____

Duties _____ FT ___ PT Number of Hours _____

Reason for Leaving _____

2) Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____

Salary _____ Supervisor _____ Department _____

Duties _____ FT ___ PT Number of Hours _____

Reason for Leaving _____

3) Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____

Salary _____ Supervisor _____ Department _____

Duties _____ FT ___ PT Number of Hours _____

Reason for Leaving _____

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

REFERENCES:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

APPLICANT’S CERTIFICATION AND AGREEMENT

”I hearby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and I authorize The SEPP Group, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release The SEPP Group, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if I am employed by The SEPP Group, Inc., falsified statements of any kind or omissions of facts called for on this application, shall be considered sufficient basis for dismissal. I authorize The SEPP Group, Inc. to make a thorough investigation of all statements contained on this application about my past employment, education, and other activities. I release liability from all persons and organizations supplying such information.

I understand that should an employment offer by extended to me and accepted, I will fully adhere to the policies, rules and regulations of employment of the employer. I also understand that The SEPP Group, Inc. is an “at will” employer. I understand that either I or The SEPP Group, Inc. may terminate any employment agreement for any reason or for no reason, at any time with or without notice.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Signature of Applicant: _____

Date: _____