



**FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)**

DATE MONTH & YEAR	NAME, ADDRESS, PHONE NUMBER OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				

**REFERENCES: GIVE THE NAMES OF 3 PERSONS NOT RELATED TO YOU WHICH YOU HAVE KNOWN AT LEAST 1 YEAR**

NAME	ADDRESS	BUSINESS	YRS ACQUAINTED

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_  
Name Address Phone

I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and, if I am employed, my employment may be terminated at anytime.

SVAS reserves the right to conduct a background check on any potential employee.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, with or without notice, and at any time at either my or the company's option. I also understand and agree that the terms and conditions of my employment that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

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

DO NOT WRITE BELOW THIS LINE

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

Hired \_\_\_\_\_ Position \_\_\_\_\_ Pay \_\_\_\_\_