

May we contact this employer?

___Yes ___No

Employer: _____	Phone: _____
Address: _____	Dates worked: _____
Position: _____	Supervisor: _____
Salary: _____	Reason for leaving: _____

May we contact this employer?

___Yes ___No

Employer: _____	Phone: _____
Address: _____	Dates worked: _____
Position: _____	Supervisor: _____
Salary: _____	Reason for leaving: _____

EDUCATION

	Elementary School	High School	Undergraduate College / University	Graduate / Professional
School name Location				
Years completed				
Diploma / Degree				
Describe Course of Study				
Describe any specialized training or apprenticeship skills				

Military Experience:

___Yes ___No

If yes, what Branch:

REFERENCES: Give name, address and telephone number of three references who are not related to you.

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

PLEASE READ CAREFULLY

1. I certify that the information contained in this application is correct to the best of my knowledge and understand that deliberate falsification of this information is grounds for dismissal.

(continued)

2. I authorize the references listed to give you any and all information concerning my previous Employment and pertinent information they may have, personal or otherwise , and release all parties from all liability for any damage that may result from furnishing same to you.
3. I acknowledge that management retains the right to terminate my employment at will.

SIGNATURE: _____

DATE: _____

-----FOR OFFICE USE ONLY-----

Interviewed by: _____ DATE _____

Date reporting to work: _____ Salary/Wage: _____ Position: _____

MOORE GENUINE CARE, LLC

AUTHORIZATION FOR EMPLOYMENT REFERENCE RELEASE

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentation or omissions may be cause for rejection or may be cause for subsequent dismissal if I am hired.

I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees, and agents, to release any and all information concerning my former employment to any prospective employer, its officers, employees and agents, or any other person or entity making a written or oral request for such information. I understand that the employment information disclosed may include, but is not necessarily limited to, performance evaluations and reports, job descriptions, disciplinary possessed by my former employer.

I voluntarily and knowingly fully release and discharge, absolve, indemnify and hold harmless such former employer, person, firm, corporation, school or government agency, its officers, employees and agents, from any and all claims, liability, demands, causes of action, damages, or costs (including attorney fees), present or future, whether know or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of employment information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment which the officer, employee or agent disclosing such facts knows are untrue.

Applicant Signature

Date

MOORE GENUINE CARE, LLC

DRIVING RECORD RELEASE AUTHORIZATION

I, _____ authorize Moore Genuine Care, LLC to obtain and review my driving record(s) as part of my application for employment.

Driver's License Number

Expiration Date

Applicant Signature

Date