



2. Company: \_\_\_\_\_  
Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

3. Company: \_\_\_\_\_  
Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**EDUCATION:**

High school: \_\_\_\_\_ Graduation date: \_\_\_\_\_  
College or trade school: \_\_\_\_\_ Dates: \_\_\_\_\_  
Degree: \_\_\_\_\_ Graduation date: \_\_\_\_\_  
College or trade school: \_\_\_\_\_ Dates: \_\_\_\_\_  
Degree: \_\_\_\_\_ Graduation date: \_\_\_\_\_  
College or trade school: \_\_\_\_\_ Dates: \_\_\_\_\_  
Degree: \_\_\_\_\_ Graduation date: \_\_\_\_\_  
Other training or certification that would pertain to your employment: \_\_\_\_\_  
\_\_\_\_\_

Have you served in the military? \_\_\_ Yes \_\_\_ No If yes, list branch of service, duties, and dates of service: \_\_\_\_\_

REFERENCES: References should be three persons who are not related to you and have known you for at least one year. Teachers, ministers, colleagues, etc. make good references.

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_  
Email: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_  
Email: \_\_\_\_\_  
3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_  
Email: \_\_\_\_\_

Do you smoke or use tobacco? \_\_\_ Yes \_\_\_ No  
Do you use illegal drugs? \_\_\_ Yes \_\_\_ No  
Do you abuse the use of alcohol? \_\_\_ Yes \_\_\_ No

I hereby authorize Tall Oaks to investigate my work record, qualifications, references, and to complete a background check on me. I certify that all statements made in this application are true and understand that any misrepresentations would result in dismissal. I agree that, if hired, I would submit to a health physical and/or drug test if requested by Tall Oaks administration. I also agree to fill out Tall Oaks Health and Personal Information form if hired.

If hired, I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or myself.

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