

MILITARY RECORD**

Induction Date _____ Branch of Service _____

Date of Discharge _____ Type of Discharge (Honorable, Medical, etc.) _____

Membership in National Guard or Reserves _____

FORMER EMPLOYERS: (List Below Last Four Employers, Starting With Last One First)

Date Month and Year	Name and Address of Employer	Salary	Position	Reason For Leaving
From _____ To _____				
From _____ To _____				
From _____ To _____				
From _____ To _____				

REFERENCES: (Give Below The Names Of Three Persons Not Related To You, Whom You Have Known At Least One Year.)

Name	Address	Telephone Number	Years Acquainted
1. _____			
2. _____			
3. _____			

PHYSICAL RECORD: Do You Have Any Disability Which Would Prevent You From Fulfilling The Responsibility Of The Position For Which You Are Applying?

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period, and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date _____ Signature _____

**NOT REQUIRED FOR EMPLOYMENT