



**EMPLOYMENT HISTORY – PLEASE LIST ALL PAID FULL-TIME POSITIONS, GIVING PRESENT OR LAST POSITION FIRST.  
USE ADDITIONAL PAGES IF NECESSARY.**

<b>1.</b>	Dates Worked	From	To	Salary: Starting	Final
Employer's Name				Your Job Title and Duties	
Employer's Address Street					
City		State	Zip		
Supervisor's Name				Reasons for Leaving	
Supervisor's Title		Supervisor's Telephone No. ( )		May this employer be contacted at this time for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2.</b>	Dates Worked	From	To	Salary: Starting	Final
Employer's Name				Your Job Title and Duties	
Employer's Address Street					
City		State	Zip		
Supervisor's Name				Reasons for Leaving	
Supervisor's Title		Supervisor's Telephone No. ( )		May this employer be contacted at this time for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>3.</b>	Dates Worked	From	To	Salary: Starting	Final
Employer's Name				Your Job Title and Duties	
Employer's Address Street					
City		State	Zip		
Supervisor's Name				Reasons for Leaving	
Supervisor's Title		Supervisor's Telephone No. ( )		May this employer be contacted at this time for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>4.</b>	Dates Worked	From	To	Salary: Starting	Final
Employer's Name				Your Job Title and Duties	
Employer's Address Street					
City		State	Zip		
Supervisor's Name				Reasons for Leaving	
Supervisor's Title		Supervisor's Telephone No. ( )		May this employer be contacted at this time for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>5.</b>	Dates Worked	From	To	Salary: Starting	Final
Employer's Name				Your Job Title and Duties	
Employer's Address Street					
City		State	Zip		
Supervisor's Name				Reasons for Leaving	
Supervisor's Title		Supervisor's Telephone No. ( )		May this employer be contacted at this time for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Account for all periods of unemployment longer than three (3) months: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**JOB SOUGHT**

Position applying for: \_\_\_\_\_ Wage or salary desired: \$ \_\_\_\_\_  
 Date available for work: \_\_\_\_\_ How would you get to work? \_\_\_\_\_

**EDUCATION**

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	GRADUATED? WHEN?	DEGREE OR DATE LAST ATTENDED
High School			1 2 3 4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
Other			1 2 3 4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	

List any additional work experience, skills, information, licenses, certifications, special study or research work relating to position applied for or of general interest: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LIST ANY RELATIVES OR FRIENDS EMPLOYED BY THIS COMPANY:**

	NAME	RELATIONSHIP	WHERE EMPLOYED
1.			
2.			
3.			

Is any additional information necessary to enable a check of your records such as a change of name, use of an assumed name or nickname? If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**REFERENCES – DO NOT LIST RELATIVES, FORMER EMPLOYERS OR EMPLOYEES OF MIGNON FAGET LIMITED.**

<b>1.</b>	Name	How long known	Occupation	Telephone
Complete Address				
<b>2.</b>	Name	How long known	Occupation	Telephone
Complete Address				
<b>3.</b>	Name	How long known	Occupation	Telephone
Complete Address				

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**IMPORTANT: READ CAREFULLY**

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I certify that my answers to the foregoing questions are true and correct and understand that any false or misleading information or omission on the application shall be sufficient cause for rejection or immediate dismissal. I hereby authorize release of any information regarding any criminal convictions that may exist against me, and ask my former employer(s) and all other persons named herein who might have information concerning me, to give any information regarding my former employment or any other information they may have regarding me whether or not the same is a matter of record, and hereby release them and each of them from any liability for any damage whatsoever which I could or might claim because of such disclosure.

In making this application for employment, it is understood and accepted that as part of the application and employment process, and or during employment with Mignon Faget Limited, I may be asked to submit to testing for alcohol and drugs and/or be fingerprinted, all in accordance with law. By signing this application, I hereby agree to submit to such tests and fingerprinting and release all persons and companies from any liability arising out of such tests and fingerprinting.

I understand that the use of this form does not indicate that there are positions open and does not in any way obligate Mignon Faget Limited. If employed, I agree to abide by and observe all Company rules and regulations. I further understand that any such future employment is terminable by either party at will with or without notice or cause. No person other than the President of Mignon Faget Limited may modify or amend the provisions stated herein.

In making this application, it is understood that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. A public records inquiry may also be made.

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DATE

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SIGNATURE

*Mignon Faget Limited is an equal opportunity employer. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age or handicap status.*