
EMPLOYMENT HISTORY CONTINUED

COMPANY NAME _____ TELEPHONE #_(_____) _____

ADDRESS
STREET _____ CITY _____ STATE _____ ZIP CODE _____

SUPERVISOR _____ MAY WE CONTACT? YES ___ NO ___

HOURLY RATE \$ _____ DATES EMPLOYED: FROM _____ TO _____

JOB TITLE AND DUTIES _____
_____REASON FOR LEAVING _____

COMPANY NAME _____ TELEPHONE #_(_____) _____ADDRESS
STREET _____ CITY _____ STATE _____ ZIP CODE _____

SUPERVISOR _____ MAY WE CONTACT? YES ___ NO ___

HOURLY RATE \$ _____ DATES EMPLOYED: FROM _____ TO _____

JOB TITLE AND DUTIES _____
_____REASON FOR LEAVING _____

PRE-EMPLOYMENT STATEMENT**Please read the following statements carefully before signing.**

I certify that the information that I have provided on this application is true, accurate and complete to the best of my knowledge.

I understand that any false statement, misrepresentation or willful omission of facts may prevent my being hired or, if hired, may cause termination from employment.

I understand that this application and records become the property of AUI which reserves the right to accept or reject them.

I authorize the company and/or its agents to conduct a work history inquiry to determine my acceptability for employment, and I release from liability any person giving or receiving any such information.

If hired, I will provide a medical and health history.

If hired, I will furnish documents required on form I-9, Employment Eligibility Verification.

I understand that employment with AUI is "Employment-At-Will"; meaning that either AUI or I can terminate my employment at any time, with or without notice or cause.

I agree to observe all rules, regulations and policies of AUI Inc.

I have read and understand the above, including the EEO Policy and Notice to Applicant.

SIGNATURE OF APPLICANT_____
DATE