

EMPLOYMENT HISTORY

Please list your last employer first. **Complete all information.**

Company Name & Address		Telephone () -
Position	Supervisor (name & title)	
Dates of Employment From: To:	Reason for leaving	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company Name & Address		Telephone () -
Position	Supervisor (name & title)	
Dates of Employment From: To:	Reason for leaving	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company Name & Address		Telephone () -
Position	Supervisor (name & title)	
Dates of Employment From: To:	Reason for leaving	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company Name & Address		Telephone () -
Position	Supervisor (name & title)	
Dates of Employment From: To:	Reason for leaving	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PLEASE READ CAREFULLY

My signature below certifies that the facts set forth in the above employment application are true and correct to the best of my knowledge. I voluntarily authorize CMA to make investigations of my person, employment and other related matters (including background and credit checks if applicable) as may be necessary in arriving at an employment decision or verifying information related to my application.

I hereby release from all liability all persons of entities supplying or collecting information. I understand the offer is contingent on the outcome of any investigations or reference checks satisfactory to CMA.

I understand that if I have given false or misleading information in this application, my resume (if any), or interview(s) I may be discharged. I agree to abide by all of CMA's policies during my employment.

I understand that my employment is "at will" and for no definite period of time. Either CMA or I may terminate my employment at any time with or without cause and with or without notice.

Applicant Signature

Date