

EMPLOYMENT HISTORY

NOTE: IF YOU DO NOT WANT YOUR CURRENT EMPLOYER CONTACTED, PLEASE CHECK HERE.

List current or most recent employment first and continue in that sequence.

FIRM NAME		JOB TITLE		STARTING DATE		ENDING DATE	
				MO.	YR.	MO.	YR.
ADDRESS				START SALARY <input type="checkbox"/> HR.		END SALARY <input type="checkbox"/> HR.	
				<input type="checkbox"/> WK.		<input type="checkbox"/> WK.	
				<input type="checkbox"/> MO.		<input type="checkbox"/> MO.	
CITY		STATE	ZIP CODE		TELEPHONE NO.		
SUPERVISOR'S NAME			REASON FOR LEAVING				
DUTIES							
FIRM NAME		JOB TITLE		STARTING DATE		ENDING DATE	
				MO.	YR.	MO.	YR.
ADDRESS				START SALARY <input type="checkbox"/> HR.		END SALARY <input type="checkbox"/> HR.	
				<input type="checkbox"/> WK.		<input type="checkbox"/> WK.	
				<input type="checkbox"/> MO.		<input type="checkbox"/> MO.	
CITY		STATE	ZIP CODE		TELEPHONE NO.		
SUPERVISOR'S NAME			REASON FOR LEAVING				
DUTIES							

I understand that if I am selected for employment, such employment will be for an indefinite period and may be terminated at any time by either party in accordance with the rules and regulations governing terminations "at will". I certify that the forgoing answers are correct to the best of my knowledge and belief.

SIGNATURE * _____ DATE _____

EQUAL OPPORTUNITY EMPLOYER

You have my permission to obtain information pertaining to my character, integrity, dependability and ability from the references and employers who are listed above and those employers are hereby authorized to release information.

SIGNATURE* _____ DATE _____

***This facsimile document and my facsimile signature(s) are to be considered original for all purposes for which this document may be used.**

CENTERRA CO-OP INC.

IMPORTANT NOTICE: REGARDING BACKGROUND REPORTS

In connection with your application for employment, Centerra Co-op Inc., may obtain one or more reports regarding your consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and other public record information from a consumer reporting agency. If Centerra Co-op Inc. uses any information it obtains from a background report in a decision to not hire you or to make any other adverse employment decision regarding you, Centerra Co-op Inc. will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon a background report, Centerra Co-op Inc. will notify you that the action has been taken and that the background report was the reason for the action.

We cannot obtain such background reports regarding you unless you consent in writing. If you agree that we may obtain background reports regarding your background history, please sign below.

For Identification and Research Purposes Only:

Name _____

Last

First

Middle

Address _____

Street

City

State

Zip

Other or Former Name(s) _____

Social Security Number _____

Driver's License State _____ License Number _____

Date of Birth Month _____ Day _____ Year _____ Gender _____

I have read the above Notice Regarding Background Reports provided to me by Centerra Co-op Inc, and I understand that if I sign this consent form, Centerra Co-op Inc. may obtain reports of my background history.

I hereby authorize Centerra Co-op Inc. and its employees, agents, and affiliates to obtain reports of my background history as described above.

Signature*

Date

***This facsimile document and my facsimile signature(s) are to be considered original for all purposes for which this document may be used.**