

Former Employers

List below you last four employers starting with the last one first.

Date: Month and Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

References

List below three persons not related to you, whom you have known for at least one year.

Name	Address	Phone Number	Years Acquainted
1			
2			
3			

Authorization

If I am offered employment I agree to submit to a medical examination and a drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by The Piñon Project and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to The Piñon Project the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by The Piñon Project's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate The Piñon Project to hire. If hired, I agree to abide by all Piñon Project work rules, policies and procedures. The Piñon Project retains the right to revise its policies or procedures, in whole or in part, at any time.

Date:

Signature:
