

Do you have any physical limitations that would hinder your ability to do this job? If so please explain.

Work Experience Please list your work experience for the past seven years beginning with the most recent job held.

Name of employer Address	Name of supervisors	Employment date	Pay salary
City, State, Zip code		From	Start
Phone number		To	Final
Your last job titles			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancement or promotions while you worked this company.			

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Please list two reference other than relatives or previous employers

Name _____	Name _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone (____) _____	Telephone (____) _____

APPLICATION FORM WAIVER

As indicated that you have read and understood each sentence, please write your initials in the spaces provided below

In exchange for the consideration of my job application by Chrome -Works I agree that

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment. _____ Or to confer any right to remain an employee Chrome-Works, or otherwise to change in any respect the employment-at-will relationship between it, and the undersign. _____ and that relationship cannot be altered except by a written instrument sign by the Owner/ Management Member of the Chrome-Works. _____ Both the undersigned and Chrome-Works may end the employment relationship at any time, without specified notice or reason. _____ If employed, I understand that Chrome-Works may unilaterally change or revise their benefits, policies and procedures, and such changes may include reduction in benefits. _____

I authorize Investigation of all statements contained in this application. _____ I UNDERSTAND that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. _____ I hereby give Chrome-Works permission to contact schools, all previous employers (unless otherwise indicated), references, and others, and hereby release Chrome -Works from any liability as a result of such contact. _____

I understand that, in connection with the routine processing of your employment application, Chrome -Works may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. _____ Upon written request from me, Chrome-Works will provide me with the additional information concerning the nature and scope of any such report requested by it as required by the fair credit reporting act. _____

I further understand that my employment with Chrome-Works shall be a probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with Chrome -Works is terminable at will for any reason by either party. _____

Signature of applicant _____ Date _____

Chrome-Works is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity with Chrome-Works depends solely on your qualification.