



**EMPLOYMENT EXPERIENCE:** Please account for all periods of employment, by month/year, including any self-employment and U.S. military service. Attach a sheet if more space is needed.

Present or Last Employer	Phone	Hire Date	Date Left	Starting Pay	Final Pay
Address	Supervisor	Job Title/Job Duties		Reason for Leaving	
Previous Employer	Phone	Hire Date	Date Left	Starting Pay	Final Pay
Address	Supervisor	Job Title/Job Duties		Reason for Leaving	
Previous Employer	Phone	Hire Date	Date Left	Starting Pay	Final Pay
Address	Supervisor	Job Title/Job Duties		Reason for Leaving	
Previous Employer	Phone	Hire Date	Date Left	Starting Pay	Final Pay
Address	Supervisor	Job Title/Job Duties		Reason for Leaving	

**VERIFICATION AND SIGNATURE:**

1. I authorize the investigation of all matters which SWCAA deems relevant to my qualifications for employment, including all statements made in this application, and any attachments or supporting documents, and in any interviews. I authorize you to request and receive such information and I release from all liability any persons (such as current or former supervisors, coworkers, etc.), employers, or other entities (schools, etc.) supplying it. I also release you from all liability which might result from making the investigation.

2. I certify that the facts and information given in this application, in any attachments or supporting documents, and in any interviews are (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment or immediate termination, regardless of when and how discovered.

3. I understand that I may be required to submit to pre- or post-employment physical or other professional examinations or medical inquiries to determine my fitness for employment or duty. I agree to such examinations or inquiries at SWCAA's expense. I authorize release of the results to SWCAA and their use to evaluate my suitability for employment. I also release SWCAA from all liability arising out of or connected with any examinations or inquiries.

4. I understand that I may resign or be terminated, without cause or notice, at any time, unless otherwise stated in a written employment contract. I also understand that SWCAA's Board of Directors is the only entity or person which will ever have the authority to agree to any other terms and/or to enter into such contracts and that all such agreements for other terms of employment or contracts must also be signed by both parties. I also understand that unless otherwise stated in a written employment contract, SWCAA may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.

5. I understand and agree that if I am hired the statements in these paragraphs will become a binding part of my employment relationship. I have read each of these statements. I have also reviewed all of the information provided in this application and in any attachments or supporting documents.

Yes     No

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Unsigned applications will not be processed.**