



# Employment History

Provide the following information of your past four (4) employers, assignments or volunteer activities, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE #
STARTING JOB TITLE/FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later			
REASON FOR LEAVING		HOURLY RATE/SALARY STARTING SALARY \$ _____ BONUS _____, OPTIONS _____ ENDING SALARY \$ _____ BONUS _____, OPTIONS _____	

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MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later			
REASON FOR LEAVING		HOURLY RATE/SALARY STARTING SALARY \$ _____ BONUS _____, OPTIONS _____ ENDING SALARY \$ _____ BONUS _____, OPTIONS _____	

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REASON FOR LEAVING		HOURLY RATE/SALARY STARTING SALARY \$ _____ BONUS _____, OPTIONS _____ ENDING SALARY \$ _____ BONUS _____, OPTIONS _____	

Please explain fully any gaps over a month-long in your employment history

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## Professional References

Name	Title	Telephone	Number of Years Known

## Applicant Statement

I hereby certify that all information I have provided in this application is true, complete and correct. I understand that false, misleading, incomplete or omitted information may result in immediate dismissal.

I expressly authorize Eden and its representatives, employees or agents to make a thorough investigation in connection with this application, to contact and obtain information from all references (personal and professional), employers, public agencies and educational institutions, and to otherwise verify the information I have provided in this application, my résumé or any job interview. I understand that the information obtained by Eden in connection with such investigation will be used for purposes of evaluating my prospective employment and for Eden's other legitimate business purposes and will not be released to unauthorized third parties without my consent. I hereby waive any and all rights and claims I may have regarding Eden, its representatives, employees and agents in connection with seeking, gathering, storing and using all such information and against all other persons and entities for providing such information to Eden in connection with such investigation. Without limiting the generality of the foregoing (please check):

I authorize Eden to contact my present employer. \_\_\_\_\_ Yes  No

I authorize Eden to contact my past employers. \_\_\_\_\_ Yes  No

I authorize Eden to contact the educational institutions I have attended for the release of my education records. \_\_\_\_\_ Yes  No

I authorize Eden to request a background check from a third party service provider. \_\_\_\_\_ Yes  No

I certify that my previous employment has not, at any time, been terminated because of allegations of abuse of any disabled adult or child and I authorize Eden to confirm that statement by inquiring of the reasons for discharge from any prior position. \_\_\_ Yes  No

I understand that I have the right to make a written request within a reasonable time for the disclosure of the name and address of the service provider so that I may obtain complete disclosure of the nature and scope of such background check.

I agree to execute any other document necessary to authorize the release of any information reasonably required by Eden for the foregoing investigation. I understand that as a condition of employment, I may be required to authorize further background checks.

I understand that neither this application nor any subsequent employment by Eden creates a contract of employment or guarantees employment for any definite period of time, and that if I am hired by Eden, my employment will be "at will" and that my employment may be terminated at any time, with or without cause or notice.

I understand that no employee or representative of Eden has authority to enter into any agreement for employment for any definite period of time or otherwise contrary to the foregoing, and that any such agreement must be in writing.

I understand that if I am hired, I will be required to provide proof of identity and eligibility to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

**Equal Opportunity Employer** – We are an equal opportunity employer and do not unlawfully discriminate against any applicant on the basis of race, color, religion, sex, national origin, age, disability, sexual orientation, or any other class protected by federal or state law.

**Do not sign this application until you have read and understood the above Applicant Statement.**

I certify that I have read, fully understand and accept all the terms of the foregoing Applicant Statement.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_