

THE RETROFIT COMPANIES, INC.

EMPLOYMENT REFERENCES

Your application may not be considered unless every question is answered. Since we will make every effort to contact previous employers, the correct *telephone numbers of past employers are critical.*

MOST RECENT EMPLOYER

Yes No Are you currently working for this employer?
 Yes No If yes, may we contact your current employer?

Company Name	City	State	Phone Number
From (Mon/Yr)	To (Mon/Yr)		
Dates Employed	Job Title	Supervisor's Name	
Duties	<input type="checkbox"/> Annually <input type="checkbox"/> Hourly		
\$ Pay	Reason for Leaving		

SECOND MOST RECENT EMPLOYER

Company Name	City	State	Phone Number
From (Mon/Yr)	To (Mon/Yr)		
Dates Employed	Job Title	Supervisor's Name	
Duties	<input type="checkbox"/> Annually <input type="checkbox"/> Hourly		
\$ Pay	Reason for Leaving		

THIRD MOST RECENT EMPLOYER

Company Name	City	State	Phone Number
From (Mon/Yr)	To (Mon/Yr)		
Dates Employed	Job Title	Supervisor's Name	
Duties	<input type="checkbox"/> Annually <input type="checkbox"/> Hourly		
\$ Pay	Reason for Leaving		

REFERENCES

INCLUDE ONLY INDIVIDUALS FAMILIAR WITH YOUR WORK ABILITY. DO NOT INCLUDE RELATIVES.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

CERTIFICATION

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omission or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I also understand that the use of illegal drugs is prohibited during my employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I agree that if I am employed, my employment shall not be construed as being for any definite period of time, but will be for an indefinite period, terminable at will by Company or me.

RELEASE

Signing certifies and authorizes the company and/or its agents including consumer reporting bureaus to verify any of this information including, but not limited to criminal history and motor vehicle driving records. I authorize all persons, schools, companies, former employers and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, former employers and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

I AGREE By checking the "I agree" box, I am signing this document electronically. I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this document. By selecting "I agree" using any device, means, or action, I consent to the legally binding terms and conditions of this document. I further agree that my signature on this document is as valid as if I signed the document in writing. I am also confirming that I am authorized to enter into this Agreement. If you choose not to use electronic signatures, print the document and email signed copy to HR@RETROFITCOMPANIES.COM.

Applicant Name (please print) _____
First Last

Signed _____ Dated _____