



**FORMER EMPLOYERS**

Please list below your last 4 employers, starting with the most recent.

Date Month and Year	Name and Address of Employer	Salary (Upon Leaving)	Position/Title	Reason for Leaving
From To				
From To				
From To				
From To				

**REFERENCES**

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

Name	Address	Position/Title	Phone Number	Years Acquainted

**AUTHORIZATION**

I authorize investigation on all statements contained in this application. I authorize contacting any of my previous employers and I will release and hold them harmless of the release of any information regarding my previous employment. I understand that misrepresentation of information requested is cause for dismissal.

I understand that no employee of the Cooperative, except the General Manager, has the authority to enter into any agreement for employment for a specified period of time. Further, I understand and agree that my employment is at will and is for no definite period and may be terminated at any time with or without cause and with or without previous notice.

If filling out application electronically, by typing your name in the signature box below and submitting this application to Horizons Communications, this will constitute a legal and binding signature just as it would in your handwriting.

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

OFFICE USE ONLY – DO NOT WRITE BELOW LINE

\_\_\_\_\_  
Interviewed By \_\_\_\_\_  
Date

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I-9 Completed? Yes No

Hired \_\_\_\_\_ For Dept. \_\_\_\_\_ Will Report \_\_\_\_\_ Wage \_\_\_\_\_

Approved 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Employment Manager Dept. Head General Manager