

Related Employment History Continued:

Company Name _____ Supervisor _____

Telephone Number _____ Employed From _____ To _____

Describe your duties _____

Reason for leaving _____

.....

Company Name _____ Supervisor _____

Telephone Number _____ Employed From _____ To _____

Describe your duties _____

Reason for leaving _____

In case of emergency contact:

Name	Relationship	Telephone number
------	--------------	------------------

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification or misrepresentation of this information is grounds for dismissal. In consideration of my employment, I agree to conform to the rules, regulations, and policies of ACP.

I understand that nothing in this employment application creates, or is intended to create, a promise or representation of continued employment and that employment with ACP is employment At Will; employment may be terminated at the will of either ACP or myself, with or without cause. My signature below certifies that I understand that the foregoing agreement on At-Will status is the sole and entire agreement between ACP and myself concerning the duration of my employment.

In addition, I understand that ACP may require me to undergo drug testing if my behavior or actions become suspicious or in case of an accident.

I have read, understand and agree to the above terms:

Applicant's signature

Date