



**EMPLOYMENT HISTORY**

List below your last three employers, starting with the most recent, including self-employment, summer, temporary & part time jobs.

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<b>Employer</b>	Employed From (mo/yy) To (mo/yy)	Starting Salary	Ending Salary
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Address, City, State, Zip

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Starting Position	Ending Position	Reason for Leaving
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Supervisor	Title	Phone
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Duties:

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<b>Employer</b>	Employed From (mo/yy) To (mo/yy)	Starting Salary	Ending Salary
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Address, City, State, Zip

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Starting Position	Ending Position	Reason for Leaving
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Supervisor	Title	Phone
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Duties:

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<b>Employer</b>	Employed From (mo/yy) To (mo/yy)	Starting Salary	Ending Salary
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Address, City, State, Zip

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Starting Position	Ending Position	Reason for Leaving
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Supervisor	Title	Phone
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Duties:

May we contact your supervisor(s)? \_\_\_\_\_

List periods of unemployment for more than 30 days and explain \_\_\_\_\_

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**REFERENCES**

List three other supervisors, managers or professional contacts who have knowledge of your qualifications for the position for which you are applying.

Name	Title/Relationship	Company	Location City/State	Phone Number (Include area code)	When may we contact them?
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**SKILLS**

Describe the skills and/or accomplishments that qualify you for this position or that you think you would bring to Ichikawa.

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**Where did you hear about us?**

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I certify that the information given by me to Ichikawa is true and complete to the best of my knowledge. I understand that if I am employed, discovery that I gave false information during the application process may result in immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with Ichikawa's interest, nor will I become engaged in such activity or business if employed.

I authorize Ichikawa to solicit information regarding my education and previous employment, similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information.

In consideration of my employment, I agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time, during my 90 days probation.

Signature

Applicant

Date

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