



## **GENERAL INFORMATION**

**Subjects of interest or special training**

## **FORMER EMPLOYERS**

<b>Employment Period</b>	<b>Employer Name</b>	<b>Address</b>	<b>Salary</b>	<b>Position</b>
--------------------------	----------------------	----------------	---------------	-----------------

1.

2.

3.

## **References**

<b>Name</b>	<b>Address</b>	<b>Business</b>	<b>Years Known</b>
-------------	----------------	-----------------	--------------------

1.

2.

3.

## **AUTHORIZATION**

**“I certify that the information provided by me in this application is true and complete to the best of my knowledge. I understand that if employed by Idle Times Bike Shop, Inc., falsified statements contained within this application will constitute grounds for termination of my employment with and by Idle Times Bike Shop, Inc.**

**I authorize Idle Times Bike Shop, Inc. to investigate all statements contained within this application and I authorize the references and employers listed in this application to provide any and all information concerning my previous employment and any pertinent information related to my previous employment and release Idle Times Bike Shop, Inc. from all liability for any damage that results from utilization of this information.**

**This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act and other relevant federal and state laws.”**

**Date**

**Signature**