APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORM	IATION	Til Control		DATE _				
NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.					
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PRESENT ADDRESS		CITY		STATE		ZIP COD	E	
PERMANENT ADDRESS		0.774						
PEHMANENT ADDRESS		CITY	TY S		STATE		ZIP CODE	
PHONE NO.		REFER	RED BY					
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EMPLOYMENT DESI	RED						_	
POSITION			DATE YOU CAN START SALARY DESIRED					
ARE YOU YES NO			IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?			YES	NO	
EVER APPLIED TO		WHERE?	1		WI	EN?		
THIS COMPANY BEFORE?	YES							
EDUCATION HISTOR	PV							
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GRAMMAR SCHOOL	L							
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HIGH SCHOOL			ļ				938	
HIGH SCHOOL		•						

COLLEGE								
TRADE, BUSINESS O	iD i					100		
CORRESPONDENCE	:					:2		
SCHOOL		[3]						
GENERAL INFORMATI	ION							
SUBJECTS OF SPECIAL STU								
WORK OR SPECIAL TRAININ	IG/SKILLS							
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.S. MILITARY OR AVAL SERVICE			ĮR.	RANK				
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ORMER EMPLOYERS	(LIST BELOW LAST FOUR EM	IPLOYERS, STAR	RTING WITH	LAST ONE FIRST)			
DATE MONTH AND YEAR	NAME & ADDRESS OF E	MPLOYER	SALARY	POSITION		REÁSON FOR	LEAVING	
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CONTINUED ON OTHER SIDE

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR. ADDRESS BUSINESS **A**UTHORIZATION "I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. 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 (ADA) and other relevant federal and state laws." ____SIGNATURE____ INTERVIEWED BY _____ DATE _____ ---- DO NOT WRITE BELOW THIS LINE -REMARKS NEATNESS CHARACTER PERSONALITY **ABILITY** HIRED FOR **POSITION** WILL SALARY DEPT. REPORT

REFERENCES

APPROVED: 1. ___

EMPLOYMENT MANAGER

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DEPARTMENT HEAD

GENERAL MANAGER