APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE **EQUAL OPPORTUNITY EMPLOYER**

PERSONAL INFORMATION	N		DAT					
NAME (LAST NAME FIRST)			so	CIAL SECURIT	TY NO.	NO.		
PRESENT ADDRESS	CITY	····	STATE		ZIP	CODE		
PERMANENT ADDRESS	CITY		STATE		ZIP	CODE		
PHONE NO.		REFERRED B	Υ					
EMPLOYMENT DESIRED								
POSITION		D,	ATE YOU CAN STA	\RT	SALARY E	ESIRED		
ARE YOU YES	NO		SO, MAY WE INQU YOUR PRESENT		YES	YES NO		
EVER APPLIED TO		HERE?			WHEN?			
THIS COMPANY BEFORE?	YES NO							
E Iranon	-							
EDUCATION HISTORY NAME & LO	aartian af school		YEARS ATTENDE	р	ID YOU	SUBJECTS STUDIE		
NAWII-roca -c			ATTENDE	D GR	ID YOU ADUATE?	SURTEURSTONE		
GRAMMAR SCHOOL								
				-				
HIGH SCHOOL								
100110011001								
0011505								
COLLEGE							+	
TRADE, BUSINESS OR								
CORRESPONDENCE SCHOOL								
GOLIOOF		· · · · · · · · · · · · · · · · · · ·						
GENERAL INFORMATION	J						_	
SUBJECTS OF SPECIAL STUDY/RE WORK OR SPECIAL TRAINING/SKIL								
WORK Off Or Come Transmission	·	·						
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U.S. MILITARY OR NAVAL SERVICE			RANK					
					## <u>***</u>	· · · · · · · · · · · · · · · · · · ·		
FORMER EMPLOYERS (LIST	T BELOW LAST FOUR EMPLO	YERS, STARTII	NG WITH LAST ON	IE FIRST)				
	TE & ADDRESS OF EMPLO			SITION	REASO	N FOR LEAVING		
FROM		J. Arthur (1955). Situation was all	SSSCHOOLSE CANDES CONTROL CONTROL CONTROL	erfektifeligt og klift falled i gre	kartan karta karta da Manaka 196 an			
то			, <u>, , , , , , , , , , , , , , , , , , </u>					
FROM		†						

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understand that, if a l authorize investing give you any and a have, personal or utilization of such ir l also understand for employment for in writing and signed. This waiver does by the Americans were authorized to the authorized that is waiver does by the Americans were authorized to the authorized that is waiver does by the Americans were authorized to the authorized that is a supplied that is a supplied to the authorized that is a supplied to the	employed, falsified tigation of all state all information con otherwise, and relatormation. and agree that no any specified period by an authorized not permit the relevith Disabilities Act	statements on the ments contained cerning my previous ease the comparate representative of od of time, or to red company representative of decompany representative of decompany representative of decompany representative of decompany representative of disagraphic (ADA) and other	herein and the refocus employment any from all liability the company has a make any agreement sentative. ability-related or meaning relevant federal are	be grounds for erences and erences and erender any pertinet for any damagent authority to ent contrary to the dical information of state laws."	dismissal. Inployers listed at information the ge that may resurenter into any agree foregoing, unlessed.	pove to by may lit from eement ess it is
TE	SIGN	ATURE				
TERVIEWED BY			DA	TE		
	DO	NOT WRITE	BELOW THIS L	INE		
EMARKS						
						·············
	,	Janes 191	, * ·			
		.å.				
EATNESS			CHARACTER			
ERSONALITY			ABILITY			
RED	FOR DEPT.	POSITION	WILL REPORT	\cdot \(\frac{1}{16} \)	SALARY WAGES	

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEARS.

NAME

ADDRESS

BUSINESS

KNOWN

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DEPARTMENT HEAD

GENERAL MANAGER

EMPLOYMENT MANAGER