APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Personal Informa	TION				DATE		<u>`</u> I		
NAME (LAST NAME FIRST)					SOCIAL	SECURITY NO	O. ,		
PRESENT ADDRESS		CIT	Υ		STATE		2	ZIP CODE	
PERMANENT ADDRESS		СІТ	Y		STATE	-	Z	ZIP CODE	
PHONE NO.	The second secon		REFERE	RED BY					
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EMPLOYMENT DESIR	ED								
POSITION				DATE YOU	CAN START		SALAR	Y DESIRED	
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ARE YOU EMPLOYED?	ES N	D			WE INQUIRE RESENT EMP	LOYER?	YE	ES	NO
EVER APPLIED TO	YES	Ои	WHERE?		393	N	HEN?		
THIS COMPANY BEFORE?			J						
EDUCATION HISTOR	V								
NAM		DE SCHOOL			YEARS	Y Old	ΟU	SUB.	IECTS STUDIED
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HIGH SCHOOL					,			-	
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TRADE, BUSINESS O CORRESPONDENCE SCHOOL	R	- N	50					.1	
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GENERAL INFORMAT									
SUBJECTS OF SPECIAL STU WORK OR SPECIAL TRAININ	JDY/RESEARCH NG/SKILLS								
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U.S. MILITARY OR			14-	RA	NK				
NAVAL SERVICE									
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	MES OF THREE PERSONS NOT RELATED TO YOU		
NAME	ADDRESS	BUSINESS	YEARS KNOWN
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Authorization			<u> </u>
understand that, if employed, I authorize investigation of to give you any and all inform may have, personal or otherw from utilization of such inform I also understand and agre agreement for employment fo ing, unless it is in writing and This waiver does not perm	ained in this application are true and com- falsified statements on this application shall statements contained herein and the re- ation concerning my previous employment ise, and release the company from all liab ation. The that no representative of the company for any specified period of time, or to make signed by an authorized company represent the release or use of disability-related of Disabilities Act (ADA) and other relevant	all be grounds for dismissal. eferences and employers listed a at and any pertinent information to bility for any damage that may re as any authority to enter into an any agreement contrary to the te entative. or medical information in a mann	above hey sult y orego-
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DATE	SIGNATURE		
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DEPARTMENT HEAD

GENERAL MANAGER

APPROVED: 1.

EMPLOYMENT MANAGER