Application for Employment PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.			
PRESENT ADDRESS	CITY		ZIP CODE			
PERMANENT ADDRESS	CITY	STATE	ZIP CODE			
PHONE NO.	SECONDARY PHONE NC	D. REFERRED BY	utiorization.			
PHONE NO.	SECONDARY PHONE NC). REFERRED BY	enfina			

Employment Desired

		DATE YOU CAN START		SALARY DESIRED
ARE YOU EMPLOYED NOW? YES NO	IF SO, MAY WE INQUIP YOUR PRESENT EMPL		ARE YOU LEGA TO WORK IN TH	
EVER APPLIED TO THIS COMPANY BEFORE?	NO WHERE	in gragant at strater	WHEN	provinsi parloci of them of the solid and spreaments.

Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL		n an	THE PARTY	C STAC
COLLEGE	elae 116 Line			en en en en en en en en transference en
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			HWB (407	4

General Information

SUBJECT OF SPECIAL STUDY/RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK
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Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRES	S OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVI	NG
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Application for Employment

References (give below the names of three persons not related to you, whom you have known at least one year.) -----

	NAME		ADDRESS		BUSINESS	YEARS KNOWN
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Authorization

"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."

DATE		SIGNATURE			20-02 NOH
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Remarks					
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NEATNESS			CHARACTER		
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HIRED	FOR DEPT.	POSITION	WI RE	LL PORT	SALARY WAGES
APPROVED:					
		DEPARTMENT HEAD		GENE	

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