APPLICATION FOR EMPLOYMENT (PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFOR	MATION			DATE				
				SOCIAL SECURITY				
NAME	FIRST	MID	DLE	NUMBER				
PRESENT ADDRESS							LAST	
	STREET		CITY	STA	TE	ZIP		
PERMANENT ADDRESS	OTDEET		OITV	0.74	T	710	_	
PHONE NO	STREET	APE VOLL 18 V	CITY EARS OR OLDE	STA ER? Yes□	No 🗆	ZIP		
FHONE NO		ARE 100 10 1	EARS OR OLDE	IN: les 🗆	NO L		-	
ARE YOU EITHER A U.S. C	CITIZEN OR AN ALIEN AUT	HORIZED TO WO	ORK IN THE UN	ITED STATES?	Yes 🗆 🛚 1	No 🗆	_	
EMPLOYMENT DE	SIRED	DATE	YOU		SALARY			
POSITION CAN START					DESIRED			
ARE YOU EMPLOYED NOV	N?		MAY WE INQUOUR PRESENT					
EVER APPLIED TO THIS COMPANY BEFORE? WHER			E? WHEN?				FIRST	
REFERRED BY								
			****				=	
EDUCATION	NAME AND LOCATION OF SCHOOL		*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED			
GRAMMAR SCHOOL								
HIGH SCHOOL							≤	
COLLEGE							MIDDLE	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL								
GENERAL								
SUBJECTS OF SPECIAL	STUDY OR RESEARCH W	/ORK						
SPECIAL SKILLS								
ACTIVITIES (CIVIC, ATHL	ETIC, ETC)							
EXCLUSIVE ORGANIZATIONS, TH	HE NAME OF WHICH INDICATES T	HE RACE, GREED SE	X, AGE, MARITAL STA	ATUS, COLOR OR NAT	TION OF ORIGIN O	OF ITS MEMBERS		
U.S. MILITARY OR NAVAL SERVICE		RANK			PRESENT MEMERSHIP IN NATIONAL GUARD OR RESERVES			

^{*}The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age

PLOYERS (LIST BELO	OW LAST THREE E	MPLOYERS, STA	RTING W	ITH LAST ONE F	IRST).			
NAME AND ADDRESS C	OF EMPLOYER SALARY			POSITION	REASON FOR LEAVING			
BS DID YOU LIKE BEST?								
GIVE THE NAMES OF THRE	EE PERSONS NOT	RELATED TO YOU	J, WHOM	YOU HAVE KNO	WN AT LEAST ONE YEAR			
NAME		ADDRESS		BUSINESS	YEARS ACOUAINTED			
′								
NAME			ADDRES	S	PHONE NO.			
ON CONCERNING MY PR	EVIOUS EMPLOYN	MENT AND ANY P	ERTINE	NT INFORMATION	N THEY MAY HAVE, AND RI			
SIGNAT	URE							
	DO NOT WRI	ITE BELLOW TH	IIS LINE					
					DATE			
ABILITY								
□ No	POSITION			DEPT.				
	DATE REPORTING TO WORK							
	0			2				
EMPLOYMENT MAN		DEPT. HEAD			ERAL MANAGER			
	NAME AND ADDRESS OF THREE SIGNAT NAME NAME NAME NAME NAME FACTS CONTAINED IN T IF EMPLOYED, FALSIFIED FIGATION OF ALL STATEM ON CONCERNING MY PRIFOM ALL LIABILITY FOR AGREE THAT, IF HIRED, N WAGES AND SALARY, BE SIGNAT	NAME AND ADDRESS OF EMPLOYER BIVE THE NAMES OF THREE PERSONS NOT ME ADDRESS NAME FACTS CONTAINED IN THIS APPLICATION IF EMPLOYED, FALSIFIED STATEMENTS OF THE EMPLOYED, FALSIFIED STATEMENTS ON CONCERNING MY PREVIOUS EMPLOYMENT WAGES AND SALARY, BE TERMINATED AT SIGNATURE DO NOT WR	NAME AND ADDRESS OF EMPLOYER BIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU ME ADDRESS NAME FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINATED AT ANY TIME WITHOUT SIGNATURE DO NOT WRITE BELLOW THE ABILITY ABILITY ABILITY NO POSITION DATE REPORTS	NAME AND ADDRESS OF EMPLOYER BIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM ME ADDRESS BE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLE IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHA TIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFE ON CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINES PROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FI WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRICE SIGNATURE DO NOT WRITE BELLOW THIS LINE ABILITY NO POSITION DATE REPORTING TO 2.	BS DID YOU LIKE BEST? BIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNO ME ADDRESS BUSINESS BUSINESS FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BESS IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUND RIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ON CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAM AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, I WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND SIGNATURE DO NOT WRITE BELLOW THIS LINE ABILITY ABILITY DATE REPORTING TO WORK 2. 3.			