Application for Employment PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Personal Information			DATE			
NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.			
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PRESENT ADDRESS		CITY	STATE	ZIP CODE		
PERMANENT ADDRESS		CITY	STATE	ZIP CODE		
PHONE NO.	SECONDARY PH	IONE NO.	REFERRED BY	en Maria e Carl		

Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? YES NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	ARE YOU LEGALLY AUTHORIZED YES NO
EVER APPLIED TO THIS COMPANY BEFORE?	NO	WHEN

Education History....

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL			"Blands	
COLLEGE		. atitor		
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

General Information

RANK	
	RANK

Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST) ...

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
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11/2009

Application for Employment

CONTINUED ON OTHER SIDE

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	

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				
		Do Not Write Below This Line				
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Remarks						
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		ner Mantenaria (n. 1997) (n. 1997) 1				
NEATNESS			CHARACTER	l		
PERSONALITY			ABILITY			
HIRED	FOR DEPT.	POSITION		WILL REPORT	SALARY WAGES	7
APPROVED:						
EMPLOYMENT MANAGE	3	DEPARTMENT HEAD		GENE	RAL MANAGER	

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