APPLICATION FOR EMPLOYMENT PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION	DATE			
NAME (LAST NAME FIRST)		SOCIAL SECURITY	NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE	
PERMANENT ADDRESS	CITY	STATE	ZIP CODE	
PHONE NO.	REFERRED B		 Unchi2ATION certify that the facts contained in 	

EMPLOYMENT DESIRED

POSITION		DATE YOU CAN START		SALARY DESIRED	
ARE YOU EMPLOYED NOW? YES	NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	YES NO	ARE YOU LEGAL TO WORK IN TH	
EVER APPLIED TO THIS COMPANY BEFORE?	YES	NO WHERE?		WHE	N?

EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL	RELOW THIS LINE	STAND TOY	00	
COLLEGE	304G			Ye dawarvast.
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
U.S. MILITARY OR NAVAL SERVICE	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
FROM	HTT.	ABAHD		ACTIVES
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FROM				TLUM/ICC/14
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FROM				
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FROM	CAN DEPART			E SCHORE I
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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	SIGNAT	URE		<u></u>	
	DO N	IOT WRITE	BELOW THIS LINE		
INTERVIEWED BY _			DATE		
Remarks					
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NEATNESS			CHARACTER		
PERSONALITY			ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES	
APPROVED: 1	EMPLOYMENT MANAGER	2	DEPARTMENT HEAD	3 GENERAL MANAGER	

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