APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONAIRE EQUAL OPPORTUNITY EMPLOYER

					Date		
Personal Information							
Name (Last Name First)			Social Security No.				
Present Address	City			State		Zip Code	
Permanent Address	City			Stat	e	Zip Code	
Phone Number			Referred By	I			
()							
Employment Desired							
Position	Date You Can Start			Salary Desired		ed	
Are You Employed?			If So May We Inquire				
YES NO Ever Applied to	YES NO Where?		Of Your Present Employer? When?		YES	NO	
This Company Before? YES NO		viici c.			When.		
Education							
Name & Location of School		Years Attended		Did You Graduate	Subjects Studied		
Grammar School							
High School							
College							
Trade, Business or							
Correspondence School							
General							
Subjects of Special Study/Research Work Or Special Training/Skills							
U.S. Military or Naval Service			Rank				

Former Employers

(List Below Last Four Employers, Starting With Most Recent One First)

Date Month & Year	Name & Address of Employer	Salary Started	Salary Ended	Position	Reason For Leaving

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."

Date	Signature
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