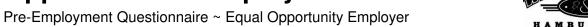
Application for Employment





Date:/_							
Personal Information							
Name (Last Name First)					Social Security Numb	er	
Present Address		City		State	Zip Code		
Permanent Address		City		State		Zip Code	
Phone Number		Alternate Phone Number		Driver's License Nu		mber	
5							
Employment Desired Position		Date You Can Start			Desired Pay		
Position		Date You Can Start		Desired Pay			
Are You Employed Now?		If So, May We Inquire Of Your Present Employer?		Are You Legally Authorized To Work In The U.S.A.?			
Ever Applied To This Company Before?		Where		When			
Ever Worked For This Company Before?		Where		When			
Reason For Leaving?							
				Name of Last Supervi	isor At This Company:		
How did you find out about this position?				I			
Education History							
	Nam	e & Location of School		Years Attended	Did you Graduate?	Subjects Studied	
High School							
College							
Trade, Business, or Correspondence School							
General Information							
Subjects of Special Study/Research Work							
Special Training, Certifications, Licenses							
Special Skills, Foreign Languages, Etc.							
For Office Use Only							
This Application Was Reviewed By:				Print Name			

Military Service Record							
Have You Ever Served In The U.S. Armed Forces?				Branch Of Service:			
Discharge Date:				Rank:			
Former Employers (List The	Last Three Employers. St	tarting With The Mo	ost Recent)				
Name Of Present Or Last Employer	, , , , , , , , , , , , , , , , , , ,	<u> </u>	,				
Address	City	City		Zip Code			
Starting Date	Leaving Date			Job Title			
May We Contact Your Supervisor?	Circle One:			Average Hours Per I	Day	Average Days Per Week	
	Full-Time	Part-Time	Seasonal				
Name Of Supervisor	Title	Title		Phone Number			
Description of Work							
Reason For Leaving							
Name Of Previous Employer							
Address	City		State		Zip Code		
Starting Date	Leaving Date			Job Title			
May We Contact Your Supervisor?	Circle One:	Circle One			Average Hours Per Day Average Days Per Week		
	Full-Time						
Name Of Supervisor	Title			Phone Number			
Description of Work							
Reason For Leaving							
Name Of Previous Employer							
Address	City		State		Zip Code		
Starting Date	Leaving Date			Job Title			
May We Contact Your Supervisor?	Circle One:	Average Hours Per Day Average Days Per Week					
may we contact four supervisor?	Full-Time	Full-Time Part-Time Seasonal			January July 10 Wook		
Name Of Supervisor	Title			Phone Number			
Description of Work							
Reason For Leaving							

Name	Address	Business	Phone
rtify that my answers are true ployment, I understand that fa ployment being terminated.	•		• •
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oloyment, I understand that fa	•		• •
ployment, I understand that fa ployment being terminated.	lse or misleading informatio		• •
ployment, I understand that fa ployment being terminated.	lse or misleading informatio		• •

APPLICANT EEO DATA

Important-All Applicants Read: To enable us to meet government reporting regulations, applicants are requested (but not required) to complete this personal data sheet. Information will be used solely for government reporting purposes. **It will not be used as selection criteria and will be treated as personal and confidential.** Your voluntary cooperation will be appreciated.

Name	Address						
Date Applied	Position Applied For						
Date of Birth	Male Female						
Ethnic Cat	tegory						
	_ American Indian or Alaska Native - All persons having origins in any of the original peoples of North America, and who maintain cultural identifications through tribal affiliation or community recognition.	I					
	Asian or Pacific Islander - All persons having origins in any of the original people of the Far East, Southeast Asia, or the Pacific Island. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa. Also persons from the Indian subcontinent, including peoples with national origins Bangladesh, Bhutan, India, Nepal, Pakistan, Sukkim, and Sri Lanka.						
	Black (not of Hispanic origin). All persons having origins in any of the Black racial groups.						
	Hispanic. All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture, regardless of race.						
	White (not of Hispanic origin). All persons having origins in any of the peoples of Europe, North Africa, or the Middle East.						
YES / NO	Do you wish to identify yourself as a handicapped individual, a disabled veteran, or a Vietnam era veteran and be considered under the Affirmative Action Plan?	er					
	A Qualified Handicapped Individual who 1) has a physical or mental impairment which substantially limits one or more of that person's major life activities, or 2) has a record of such impairment, or 3) is regarded as having such impairment, and 4) is capabl (qualified) of performing a particular job with reasonable accommodation to his/her handicap.	е					
	A Qualified Disabled Veteran 1) a person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or 2) a person whose discharge or release from active duty was for disability incurred or aggravated in the line of duty, and 3) is capable (qualified) of performing a particular job with reasonable accommodati to his/her disability.	on					
	A Vietnam Era Veteran 1) a person who a) actively served for more than 180 days, any part of which occurred between August 5 1964 and May 7, 1975 and was released with other than a dishonorable discharge, or b) was released from such active duty for a service-connected disability, and 2) a person who was discharged/released within 48 months prior to an alleged violation of the Adamdor of the regulation issued thereunder on July 26, 1976.						
	kills or methods enable you to perform jobs that would otherwise be precluded by your handicap/disability? What accommodations Company would enable you to perform the job?	on					