Application For Employment

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

Personal Inform	ation				Date	
Name						
	Last	First	Middle			
Present Address	Otrost		Oit.	04-4-	7:-	
-	Street		City	State	Zip)
Permanent Address	Street		City	State	Zip	
Phone No.	Olicet		Oity	Claic		
			Are vou 18	years or older?	Yes ☐ No ☐	ב
Are you either a U.S.	Citizen or an	alien authorized				
EMPLOYMENT DE	SIRFD	A F		-40		
Position		Date you	Can Start	Salary	Desired	
Are you employed now?	?			your current emplo		
Ever applied to this com	pany before?	Where?		When?		
Referred By	MED	ICAL	SER	VICE	S	
EDUCATION	Name a	and Location of S	School	*No. of Years Attended	*Did you Graduate?	Subjects Studied
Grammar School						
High School						
College						
Trade, Business, or Correspondence School						
GENERAL Subjects of Special In	iterest or Rese	earch Work				
Special Skills	organizations the re	amo of which indicates	the root grand a	ov ago marital status	olor or notice of and	gin of its mambars
Activities: (Civic, Athle		ame of which indicates	s the race creed se	ex age marital status. co	บเบเ บเ กลแบก บเ 0ที(ym or its members
	,,					
LLS Military or Naval	Service	Rank Pro	seant mambar	shin in National Gu	ard or Reserve	e

'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.

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS (List below last three employers, starting with last one first).

Date Month and Year	Name and address of employer	Salary	Position	Reason for Leaving
From To				

Which of these jobs did you like best?

What did you like most about this job?

REFERENCES: Give the names of two persons (not related to you) whom you have known at least one year, as well as two past employers.

Name	Address	Phone #	Years Acquainted
Personal Reference			
Personal Reference			<u> </u>

In case of emergency notify

Madroon Addroon

Phone No

"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 listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause."

Date	Signature

	DO NOT WRI	TE BELOW THIS LINE	
Interviewed by			Date
Remarks			
Neatness		Ability	
Hired Yes q No q	Position	Dept	
Salary/Wage	Date Reporting to Work		
Approved	1	2	3
	Employment manager	Dept. Head	General Manager

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.