APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

DEPOONAL INFORMATION			DATE	A Section Control		
PERSONAL INFORMATION NAME (LAST NAME FIRST)			SOCIAL SECU	JRITY NO.		
PRESENT ADDRESS	CITY	S	TATE		CODE	
PERMANENT ADDRESS				715	0.0005	
PERIVIAINENT ADDRESS	CITY	5	TATE	ZIF	ZIP CODE	
PHONE NO.	REFERRED	BY				
MPLOYMENT DESIRED		overed the severe and severe		ryggi Marynaya n ya mma 363.		
POSITION		DATE \	YOU CAN START	SAL	ARY DESIRED	
ARE YOU Yes	No	IF SO, MAY WE I	NQUIRE ENT EMPLOYER?	Yes	No	
EVER APPLIED TO	WHERE	VI VOIMAN MARKET		WHEN?	NAME YORK WORKS	
THIS COMPANY BEFORE? Yes	No No	ACT AND TO	Window 10 mg	DESIJELU RACIES DELA GUA GAR	CONTRACTOR OF THE CONTRACTOR O	
NAME AND LOCA	TION OF SCHOOL		YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED	
GRAMMAR SCHOOL			340			
				THE R		
HIGH SCHOOL		woulse an ewith				
					SAHAM	
COLLEGE						
TRADE, BUSINESS OR	A CONTRACTOR OF THE PARTY OF TH					
CORRESPONDENCE SCHOOL						
SENERAL SUBJECTS OF SPECIAL STUDY/RESEA	RCH WORK					
OR SPECIAL TRAINING/SKILLS						
U.S. MILITARY OR		RANK				
NAVAL SERVICE				•		
ORMER EMPLOYERS						
IST BELOW LAST FOUR EMPLOYERS,	STARTING WITH LAST O	NE FIRST)	E ENVIRONMENT TO A PARTY OF THE	0 - 1 an 100 an 1		
DATE MONTH AND YEAR NAME AND A	DDRESS OF EMPLOYER	R SALARY	POSITIO	N R	EASON FOR LEAVING	
ROM						
FROM						
TO		POSITEON				
FROM FO				TO SERVICE SERVICES AND ASSESSMENT OF THE SERVICES AND ASSESSM		
FROM	HAS		\$	WANT BAYO	IGAS - LONG VEX	
TO			The state of the state of			

Adams 966 1

(CONTINUED ON OTHER SIDE)

MAR 1994

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
1 200.48		V112	PRESENT ADS
2	STATE		a Turigurable de
3	10 0 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		

AUTHORIZATION

APPROVED: 1._

EMPLOYMENT MANAGER

"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				JCOROS RAMMARO
INTERVIEWED BY				DATE	Sconer app
		DO NOT WRITE	BELOW THIS LINE		
REMARKS					
					28.31,670
					CORLESPONDENCE SCHOOL
					APISTON OF THE PARTY.
					E BESTONIART JAIDES R
		FLANS			S MITAGOS
					da yorkin aanaa
					SAME TO THE ALL SECTION OF THE SAME OF THE
NEATNESS			CHARACTER		
PERSONALITY			ABILITY		
HIRED	FOR DEPT.	POSITION	V	WILL REPORT	SALARY WAGES

THIS APPLICATION FOR EMPLOYMENT IS SOLD ONLY FOR GENERAL USE THROUGHOUT THE UNITED STATES. ADAMS ASSUMES NO RESPONSIBILITY AND HEREBY DISCLAIMS ANY LIABILITY FOR THE INCLUSION IN THIS FORM OF ANY QUESTIONS OR REQUESTS FOR INFORMATION UPON WHICH A VIOLATION OF LOCAL, STATE AND/OR FEDERAL LAW MAY BE BASED. IT IS THE USER'S RESPONSIBILITY TO ENSURE THAT THIS FORM'S USE COMPLIES WITH APPLICABLE LAWS, WHICH CHANGE FROM TIME TO TIME.

DEPT. HEAD

GENERAL MANAGER