



## BACKGROUND DATA

**This profile must be completed in full.**

DO NOT ANSWER ANY QUESTIONS THAT THE LAW IN YOUR AREA DOES NOT ALLOW, OR ANY INFORMATION THAT MAY INDICATE RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, HANDICAP, OR VIETNAM-ERA VETERAN STATUS.

**You will be required to submit and pass a background check and MVD driving record check. You may be required to take a drug test. You will be required to take a Personality Profile Test.**

### BASIC DATA

Date: \_\_\_\_\_

Name _____	
Present Address _____	How Long _____
Previous Address _____	How Long _____
Phone No _____	
Social Security Number _____	
Do you have relatives working for our company? _____	
Name(s) _____	
U.S. Citizen? Yes _____ No _____ If no, Type of Visa _____	
Have you ever been convicted of a crime? If yes, please explain and give dates _____ _____	
<b>Applicant Answer Below</b>	
Position Desired: 1 <sup>st</sup> Choice _____	
2 <sup>nd</sup> Choice _____	

### DRIVER INFORMATION

<b>Do you have a driver's license?</b> _____
<b>Expiration Date</b> _____
<b>List traffic violations in last 5 years:</b> _____
<b>Have you ever been involved in an accident?</b> _____
<b>Give Details:</b> _____

**EDUCATIONAL SUMMARY**

	Name and Location	From	To	Graduate Mo. Yr.	Degree	Major Subject	Minor Subject	Rank in Class	Grade Point Avg.
		Mo. Yr.	Mo. Yr.						
<b>High School</b>								Top 1/3 Middle 1/3 Bottom 1/3	
<b>College</b>									
<b>Graduate School</b>									
<b>Technical, Business Or Other</b>									

Scholastic Honors, scholarships, assistantships, etc.....

Met College Expenses:

Working.....% GI Bill.....% Scholarship.....% Parents.....% Other.....%

## EMPLOYMENT HISTORY

List in order with LAST or CURRENT employer first. Use additional sheets if necessary.

From		To		Job Title	Monthly Earnings	
Mo.	Yr.	Mo.	Yr.	Supervisors Name & Title	Start	End
<b>Company</b>					<b>Address</b>	
<b>Telephone</b>						
<b>Supervisors Email</b>						
<b>Description of Duties</b>						
From		To		Job Title	Monthly Earnings	
Mo.	Yr.	Mo.	Yr.	Supervisors Name & Title	Start	End
<b>Company</b>					<b>Address</b>	
<b>Telephone</b>						
<b>Supervisors Email</b>						
<b>Description of Duties</b>						

From		To		Job Title	Monthly Earnings	
Mo.	Yr.	Mo.	Yr.		Start	End
				Supervisors Name & Title		
Company				Address	Reason for Leaving	
Telephone						
Supervisors Email						
Description of Duties						
From		To		Job Title	Monthly Earnings	
Mo.	Yr.	Mo.	Yr.		Start	End
				Supervisors Name & Title		
Company				Address	Reason for Leaving	
Telephone						
Supervisors Email						
Description of Duties						

Applicant Complete Following Questions:

May we contact previous Employers for reference? \_\_\_\_\_

May we contact your Present Employer for reference? \_\_\_\_\_

Explain here any period of unemployment longer than 30 days:

\_\_\_\_\_

Which of your Jobs did you like best? \_\_\_\_\_

Why? \_\_\_\_\_

Which of your Jobs did you like least? \_\_\_\_\_

Why? \_\_\_\_\_

### MILITARY RECORD

**Branch of Service** \_\_\_\_\_ **Date Entered** \_\_\_\_\_ **Date Discharged** \_\_\_\_\_

**Rank at Induction** \_\_\_\_\_ **Rank at Discharge** \_\_\_\_\_

**Major Duties** \_\_\_\_\_

**Service Schools Attended:** \_\_\_\_\_

### ADDITIONAL INFORMATION

**Present State of Health:** Excellent  Good  Fair  Poor

**Have you any particular health worries that may affect your performance?**

**Any physical disabilities, defects, or handicaps that may affect job performance?**

**Date of last physical exam?** \_\_\_\_\_

**Are you willing to take a physical exam at our expense?** \_\_\_\_\_

**How many times in the past two years have you been unable to work or attend school because of physical illness?** \_\_\_\_\_

**What is the most serious illness you ever had?** \_\_\_\_\_

**When** \_\_\_\_\_

**Year & Make of Car?** \_\_\_\_\_

**Monthly Payments** \_\_\_\_\_

**Auto Liability Insurance amounts: Personal Injury** \_\_\_\_\_ **Property Damage** \_\_\_\_\_

**What Sources of income do you have other than your job?** \_\_\_\_\_

**What earnings would be satisfactory to you to start with?** \_\_\_\_\_ **Next year** \_\_\_\_\_

**After 5 Years** \_\_\_\_\_

**ANY OTHER COMMENTS YOU WOULD LIKE TO MAKE**

_____
_____
_____
_____
_____
_____
_____

**AFFIRMATION**

I CERTIFY THAT THE ANSWERS GIVEN BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND AGREE THAT FALSIFICATION AND/OR OMISSION OF MATERIAL FACTS IN THIS APPLICATION MAY BE CAUSE FOR DISMISSAL OR DISQUALIFICATION. I HEREBY AUTHORIZE ANY INDIVIDUAL, COMPANY, OR INSTITUTION WITH WHOM I HAVE BEEN ASSOCIATED TO FURNISH A BITE OF BELGIUM WITH ANY INFORMATION CONCERNING MY EMPLOYABILITY WHICH THEY HAVE ON RECORD, OR OTHERWISE, AND DO HEREBY RELEASE THE INDIVIDUAL, COMPANY, OR INSTITUTION AND ALL INDIVIDUALS CONCERNED THEREWITH FROM ALL LIABILITY WHATSOEVER INCURRED IN FURNISHING SUCH INFORMATION. AND, IF REQUIRED, I WILL SUBMIT TO A PHYSICAL EXAMINATION AT COMPANY EXPENSE. FURTHERMORE, IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF OUR COMPANY AND UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR MYSELF.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**END OF PROFILE  
THANK YOU FOR YOUR COOPERATION**



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When \_\_\_\_\_

Year & Make of Car? \_\_\_\_\_

Monthly Payments \_\_\_\_\_

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