APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMAT			DATE				
NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.				
PRESENT ADDRESS		CITY		STATE		ZIP CODE	
PERMANENT ADDRESS		CITY		STATE		ZIP CODE	
PERMANENT ADDRESS		41.1		SIAIL		ZIF CODE	
PHONE NO.		REFERE	RED BY				
/ \		I I	ILD D1				
- 1 - 1							
EMPLOYMENT DESIRE	D						
POSITION			DATE YOU	CAN START	SA	LARY DESIRED	
TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER							
ARE YOU YE	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?			YES NO			
The second of th		WHERE?			WHEN?		
EVER APPLIED TO THIS COMPANY BEFORE?	YES NO	100000000000000000000000000000000000000					
EDUCATION HISTORY							
NAME	& LOCATION OF SCHOO	LETT VIE		YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED	
				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	GIIII DOME		
GRAMMAR SCHOOL							
HIGH SCHOOL							
HIGH SCHOOL							
COLLEGE							
TRADE, BUSINESS OF	3						
CORRESPONDENCE SCHOOL							
GENERAL INFORMATION	ON						
SUBJECTS OF SPECIAL STU	DY/RESEARCH						
WORK OR SPECIAL TRAINING	G/SKILLS						
U.S. MILITARY OR NAVAL SERVICE			RA	NK			
NAVAL SERVICE			4.400				
FORMER EMPLOYERS	(LIST BELOW LAST FOUR EM	IPLOYERS, STA	ARTING WITH L	AST ONE FIRS	T)		
DATE MONTH AND YEAR	NAME & ADDRESS OF E		SALARY	POSITIO		EASON FOR LEAVING	
FROM							
то							
FROM			,				
то							
FDOM							

adams 9661 APR 1998

TO FROM TO

"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. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws. ATE SIGNATURE DO NOT WRITE BELOW THIS LINE DATE DO NOT WRITE BELOW THIS LINE LEMARKS CHARACTER BERSONALITY ABILITY BERONALITY BERONALITY BERONALITY WAGES	N/	AME	ADDI	RESS	BUSINESS	YEARS	
"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. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws. ATE							
"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. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws. ATE	.1						
"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. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws. ATE							
"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. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws. ATE							
"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. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws. ATE	LITHORIZATION				(a)		
DATE DO NOT WRITE BELOW THIS LINE LEMARKS LEMARKS CHARACTER PERSONALITY LIED FOR POSITION WILL SALARY	I authorize in to give you any may have, perso from utilization of I also unders agreement for e ing, unless it is This waiver of	vestigation of all state and all information con on all or otherwise, and of such information. It and and agree that remployment for any spin writing and signed loes not permit the re-	ements contained oncerning my prevolution of release the composition of the control of the contr	herein and the re- ious employment pany from all liab of the company h time, or to make a company represe isability-related o	ferences and employers list and any pertinent informati lity for any damage that ma as any authority to enter int any agreement contrary to intative.	ted above on they y result o any the forego-	
EMARKS EMARKS CHARACTER ERSONALITY RED FOR POSITION WILL SALARY	ATE	SIGN	IATURE		*		
DO NOT WRITE BELOW THIS LINE LEMARKS LEATNESS CHARACTER ABILITY LIRED FOR POSITION WILL SALARY	ITERVIEWED BY			DA	TF.		
DEMARKS DEATNESS CHARACTER DERSONALITY BIRED FOR POSITION WILL SALARY							
JEATNESS CHARACTER JERSONALITY ABILITY JIRED FOR POSITION WILL SALARY		ВО	NOT WHILE	SEEO W TIMO	211 12		
ERSONALITY ABILITY IIRED FOR POSITION WILL SALARY	EMARKS						
ERSONALITY ABILITY IIRED FOR POSITION WILL SALARY			:0	1			
ERSONALITY ABILITY IRED FOR POSITION WILL SALARY							
ERSONALITY ABILITY IIRED FOR POSITION WILL SALARY							
ERSONALITY ABILITY IRED FOR POSITION WILL SALARY							
ERSONALITY ABILITY IIRED FOR POSITION WILL SALARY							
ERSONALITY ABILITY IRED FOR POSITION WILL SALARY							
ERSONALITY ABILITY IRED FOR POSITION WILL SALARY							
ERSONALITY ABILITY IRED FOR POSITION WILL SALARY							
ERSONALITY ABILITY IRED FOR POSITION WILL SALARY							
ERSONALITY ABILITY IRED FOR POSITION WILL SALARY							
ERSONALITY ABILITY IRED FOR POSITION WILL SALARY	EATNESS			CHARACTER			
IRED FOR POSITION WILL SALARY				recurrent de la			
	PERSONALITY			ABILITY			
	PERSONALITY			ADICITY			
		FOR	POSITION		SALARY		

DEPARTMENT HEAD

APPROVED: 1. __

EMPLOYMENT MANAGER

3._

GENERAL MANAGER