Application for Employment PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Personal Information				D	ATE					
NAME (LAST NAME FIRST)						SOCIAL SECURITY NO.				
PRESENT ADDRESS			Υ	- 17 M. F	STATE		ZIP CODE	ZIP CODE		
PERMANENT ADDRESS			ſΥ	90 m	STATE		ZIP CODE	ZIP CODE		
PHONE NO.	SECON	IDARY PHON	Y PHONE NO.			D BY				
	J. SECONDAR			ealmaib tol	REFERRED BY					
imployment Desired		gen sedi	mellamala	mentine i						
POSITION			DATE YOU	CAN START		SALAR	Y DESIRED			
ARE YOU EMPLOYED NOW?	YES	NO IF	SO, MAY WE II	NQUIRE OF YO	OUR PRESE	NT EMPLOYER?	YES	NO		
EVER APPLIED TO THIS COMPANY BEFORE? YES		ERE		duedaland te laws.	ista kna le	WHEN	iffo bras (AGA)	nA entitle		
ducation History						ling non-signica	n Jari Urralina	mul Jeni		
	NAME & LOCATIO	N OF SCHO	OL	YEARS ATTENDED	DID YOU GRADUATE	SI	JBJECTS STUDIED			
HIGH SCHOOL	blity to work in	y and ella	Spen hire	equired is more from	ed iliw b socia cost	, all persons blir Leligibility vertic	with federal law red amploymen	sonsilomo the requi		
COLLEGE										
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL		enil:	rinT wels	1 =3313(8)	Do Not					
General Information										
SUBJECT OF SPECIAL STUDY/RESEARCH WORK										
SPECIAL TRAINING						*		- EATON		
SPECIAL SKILLS										
U.S. MILITARY OR NAVAL SERVICE	RANK									
Former Employees										
Former Employers (LIST BE DATE MONTH AND YEAR	NAME & ADDRES			SALARY	POSITIO		ASON FOR LEAVIN	G		
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A-9661 / T-32851 8/2011

References (G	IVE BELOW THE NAMES O	F THREE PERSONS NOT RE	ELATED TO YOU, WHOM YO	DU HAVE KNOWN AT LEAST	ONE YEAR.)		
NAME			DRESS		BUSINESS		
					rsona Information		
	Je -	THE DESIGNATION			TICHT SHAP	106/1/2004	
= 11	5 9FS	HIMTE			seann		
Authorization	7						
"I certify that the fa	acts contained in this a ts on this application s	application are true and hall be grounds for disn	complete to the best o	f my knowledge and ur	nderstand that, if	employed,	
formation concerr	ning my previous emp	ts contained herein and loyment and any pertine that may result from ι	ent information they m	nay have, personal or			
		esentative of the compa agreement contrary to t					
This waiver does Disabilities Act (A	not permit the release DA) and other relevant	or use of disability-rela federal and state laws	ted or medical informa	tion in a manner prohik	oited by the Ame	ricans with	
required, I unders reports and will a	stand that, in complian Iso obtain a separate	port or criminal records ce with federal law, the written authorization fro by result in disqualificati	company will provide rom me to consent to the	ne with a written notice	regarding the us	se of these	
		ns hired will be required verification document f		eligibility to work in the	United States a	nd to com-	
DATE		SIGNATURE			FIG .2224	TRADE, BUS	
		Do Not Writ	e Below This Line	?			
DATE		INTERVIEWED BY		•	MROW HORA	12 25 4 7 1 1 2	
Remarks							
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						Ortino	
NEATNESS			CHARACTER	12.00 Maria - Control Control Control		12.01631	
PERSONALITY			ABILITY				
HIRED	FOR	POSITION			SALARY	Mean a	
	DEPT.	, semen	REPOR	Г	WAGES	CT	
APPROVED:					-	Moen	

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GENERAL MANAGER

DEPARTMENT HEAD

EMPLOYMENT MANAGER