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Personal	Intorm	ations
		ZI L. I V / I I .

Name (Last Name, First Name	e, Middle Initial)			
Present Address	City	State		Zip Code
Permanent Address	City	State		Zip Code
Phone No.	Second	lary Phone No.	Referred B	y

Employment Desired:

Position Date You're Able to Sta	rt Employment Salary Desired
Currently Employed	If yes, may we inquire of your present Employer?
Applied to work for this Company before?	If YES, where and when?

Education History:

Formal Education	Name & Location of School	Years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Trade, Business, or Correspondence School				

General Information:

Subject of Special Study/Research Work			
Special Training and/or Special Skills			
U.S. Military Service (If yes, list last Rank held)	\Box YES	□ NO	

Former Employers: (List only four, starting with your previous employer first)

Date From: (Month & Year)	Date To: (Month & Year)	Name & Address	Salary	Position Held	Reason for Leaving

Former Employers: (Supply the names of three persons not related to you...whom you've known for at least one year)

Name	Address	Business	Years Known

Authorization: In compliance with Federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document upon hire.

"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, the references, and employers to give any and all information concerning previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damages 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 of employment for any specified period of time or 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.
 - -I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports

Date		Signature		
		DO NOT WRITE	BELOW THIS AREA	
Date		Interviewed By		
REMARKS:				
Neatness			Character	
Personality			Ability	
Hired	For Dept.	Position	Will Repor	t Salary Wages