## APPLICATION FOR EMPLOYMENT PRE-EMPLOYMENT QUESTIONNAIRE

## EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMA				DATE					
NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.							
							_		
RESENT ADDRESS		CITY		STATE		ZIP CODE			
ERMANENT ADDRESS		CITY STATE				ZIP CODE			
	and in the state of state of								
PHONE NO.		REFERE	RED BY				Desir Production Colors		
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EMPLOYMENT DESI	OED.								
POSITION			DATE YOU CAN START SALARY DESIRED						
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ADE VOLL									
ARE YOU YES NO			OF YOUR F	WE INQUIRE RESENT EMPL	YES	YES NO			
EVER APPLIED TO WHERE			WHEN			N?	2		
THIS COMPANY BEFORE?	YES NO								
DUCATION HISTOR	Y								
NAN	IE & LOCATION OF SCHO	OL		YEARS	DID YOU GRADUATE		SUBJECTS STUDIED		
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GRAMMAR SCHOOL									
					Ou				
HIGH SCHOOL									
THAIT SCHOOL									
COLLEGE									
TRADE, BUSINESS C	R								
CORRESPONDENCE									
GENERAL INFORMAT	ION								
SUBJECTS OF SPECIAL ST	UDY/RESEARCH								
WORK OR SPECIAL TRAINII	NG/SKILLS								
U.S. MILITARY OR NAVAL SERVICE			RAI	NK					
MAN DENTICE									
	(LIST BELOW LAST FOUR E	MPLOYERS, STA	ATING WITH L	AST ONE FIRST	ŋ				
MONTH AND YEAR	NAME & ADDRESS OF	EMPLOYER	SALARY	POSITION	N	REASON F	OR LEAVING		
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understand that, I authorize inveto give you any almay have, persor from utilization of I also understate agreement for eming, unless it is in This waiver do	ne facts contained in if employed, falsified estigation of all state and all information con all or otherwise, and such information. and and agree that in apployment for any sparwiting and signed les not permit the remericans with Disabi	d statements on the ements contained oncerning my pre- d release the com- no representative pecified period of by an authorized lease or use of o	his application shat herein and the relations employment pany from all liabile of the company hat time, or to make a company represer lisability-related or	Il be grounds for erences and emp and any pertinen ity for any damag as any authority to ny agreement contative. medical informat	dismissal. ployers listed a at information th ge that may res o enter into any ontrary to the fo	bove ney sult y orego-		
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TERVIEWED BY			_ DA	TE				
	DO	NOT WRITE	BELOW THIS L	INE —				
EMARKS					20,000			
					ACTUAL STORY			
NEATNESS			CHARACTER					
ERSONALITY			ABILITY					
IRED	FOR DEPT.	POSITION	WILL		SALARY WAGES			
PPROVED: 1.		2.		3				

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

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DEPARTMENT HEAD

GENERAL MANAGER

**EMPLOYMENT MANAGER**