## EMPLOYMENT APPLICATION

Last Name:	I	First Name:		MI:	SS	# <b>;</b>		15
Current Address			, , , , , , , , , , , , , , , , , , ,			· · · · · · · · · · · · · · · · · · ·		•
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Home Phone:	8	C	ell Phone:		Emai	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· - ·
If him d	9							
ii mied can you j	provide proof that y	ou are legally	able to wor	k in the U	nited States	Yes	No	
19		£0.				N=01	100	ŀ
offense(s), date(s	en convicted of a con	riminal offen	se(felony or	misdeme	anor) If yes, ple	ease state n	ature of	
	), city, state a depo in disqualification			paper, N	ote: An affirma	ative answe	r will not	
How were you re		Tor employin	cut.	Yes	No		= 3	1
Advertisement	Employe		iployment A	gency	Walk-in		Other	
List any relatives	or friends employe	d with this Co	ompany		D-1-4			Ē
			Party		Relat	ionship		ļ
	* e	FN	MPLOYM	יייועם י	1			
Position Desired;	· · · · · · · · · · · · · · · · · · ·	LA	Salary I				- 1	
What days and he	ours are you availal	ble to worls?	Outary 1					
Are you available	for overtime?		<del></del>					l !
Are you over 18 y	rears of acc?	Yes No				*		
		Yes No			ļ.			
	ilable to begin wor		2/4	300000000000000000000000000000000000000				
it under 18, can ye	ou provide a work	permit? Y	es No					
Are you able to be	erform the essential	functions of	+L = 1 - 1 - C	3 3 4			i a	<u> </u>
(Note: We comply	with the Americans	with Disabilities	the Job for w	hich you	are applying?	Yes	No	DOMAIN AND THE PROPERTY OF THE
necessary for eligib	with the Americans v	orm essential fi	S ACI and cor	isider reas	onable accommo	ondation me	asures that	may be
						<u> </u>		
			SKILLS	•	ia Gr		1 m	
Many of our (custo	omer/clients) do no	t speak Englis	sh. Do you s	peak or iii	iderstand any f	oraion lan		
Yes No					adorstand any 1	oreign rang	guage?	
n yes which langu	age(s) and with wh	at proficiency				2 *	*	) 0x
Are you able to op	erate a personal con	mputer? V	es No	T	-60 6	VIII VIII		
	72				of Software:			
Specific skills or to	raining: What known applied for?	vledge, specia	l skills and/o	r individu	ial canabilities	do you hav	ro veli-1	
you for the position	applied for?				out out and it it it is	do you nav	e which p	repare
				1 721	SE SE	38		

**EDUCATION** 

Type of School	Name& Location Of School	# of years to complete	Graduated Yes No	Degree(s) or Diploma(s)	Major Field of Study
High School or Trade School		P	100 110	Dipioma(s)	
Business or Tech School					
Jr. College and/or University					¥
Other Training (Explain)				<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·

## EMPLOYMENT HISTORY

Experience: Please account for all employment within the last seven (7) years, beginning with your current or more recent employer. In addition, please indicate any other experience which you believe is relevant to the position for which you are applying (e.g., volunteer experience, military service, experience gained over seven (7) years prior, etc) Attach an additional sheet if needed for more space.

Answer all of the following questions if you are applying for a professional, licensed or certified position:

Are you licensed/certified for the job you are applying for?

No.

Name of license/certification:

Issuing state:

OKEY # License certification:

Has your license/certification ever been revoked or suspended Yes No If yes, explain;

POSTION HEI D

POSTION HELD				
	Starting Salary:			
	Ending Salary:			
Job Title:	Hours Worked:			
	From:			
Supervisor:	From: To:			
	May we contact this employer?			
What is the most important	Yes No			
s the most important s	skill demonstrated on the job?			
*				
*	180			
Dates Employed:	Starting Salary:			
	Starting Galary.			
From: To:	Ending Cal			
Job Title:	Ending Salary:			
	Hours Worked:			
Supervisor	From: To:			
Supervisor.	May we contact this employer?			
What is the	Vor NY			
what is the most important sk	sill demonstrated on the job?			
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	Wg			
Dates Employed:	Starting Salary:			
	8 ·			
	Ending Salary:			
Job Title:	Hours Worked:			
	From: To:			
Supervisor:				
	May we contact this employer?			
What is the most important ability is				
that is the most important ski	Il demonstrated on the job?			
	Dates Employed: From: To: Job Title:  Supervisor:  What is the most important states  Dates Employed: From: To: Job Title:  Supervisor:  What is the most important states  Dates Employed:			

		MILITARY SERVICE	
Have you	obtained and special skills o	abilities as the result of service in	he military? Yes No
n yes, ple	ase describe:		
46			N.
8			
(A)		APPLICANTS STATES	
	*	A SHEET AND ASSESSMENT OF THE PERSON.	
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		Service Services	
	The little world and the control of the control		15 constant of sections of the
	<u> </u>	PERSONAL REFERNCES	
Pl	ease list at least three (3) per	sons NOT related to you who have l	known you at least five (5) years
Name:	Address:		Phone No:
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Name:	Address:		Phone No:
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Name:	·		
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