Application for Employment PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Personal Informati	ion		DATE				
NAME (LAST NAME FIRST)			SOCIA	SOCIAL SECURITY NO.			
PRESENT ADDRESS	ADDRESS		STATE	ZIP CODE	PHONE NO.		
PERMANENT ADDRESS		CITY	STATE	ZIP CODE	SECONDARY PHONE NO.		
EMAIL ADDRESS			REFERRED	D BY	ose up a ser por recordante de la constante de		
Employment Desire	ed	raa yaa e daga		DATE YOU C	AN START		
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ARE YOU EMPLOYED NOW?		inkomental tenhasa	E INQUIRE OF YOUR PRI	ESENT EMPLOYER	? YES NO		
EVER APPLIED TO THIS COMPANY BEFORE?	YES NO WHI	ERE	eval state town	WHEN	r red o ans (ADA) to A sufficience		
Education History					ou de la monte de coupe i de man		
	NAME & LOCATIO	N OF SCHOOL	DID YOU GRADUATE		SUBJECTS STUDIED		
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COLLEGE							
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL		oal t widt wal		599			
General Informatio	on-						
SUBJECT OF SPECIAL STUDY/RESEARCH WORK			TO COMPANY	3164			
SPECIAL TRAINING							
SPECIAL SKILLS							
U.S. MILITARY OR NAVAL SERVICE		RANK	RANK				
Former Employers	(LIST BELOW LAST FOUR E	MPLOYERS, STARTING	WITH LAST ONE FIRST)				
DATE MONTH AND YEAR	NAME & ADDRES	SS OF EMPLOYER	POSITIO	ON COM	REASON FOR LEAVING		
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A-9661 / T-32851							

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HERON LES	OR 38/ORS 3	R SAIST STATE	YNO	# E E	PO LA TAGESI
Authorization	1				CATE BARRET
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 of m	y knowledge and understand tha	t, if employe
ormation concern	ning my previous emp	loyment and any pertin	d the references and emp ent information they may utilization of such informat	oloyers listed above to give you a have, personal or otherwise, and ion.	any and all i nd release t
also understand specified period of epresentative.	and agree that no repr f time, or to make any	esentative of the compa agreement contrary to t	any has any authority to e he foregoing, unless it is i	nter into any agreement for emplo n writing and signed by an author	oyment for a rized compa
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 information.	n in a manner prohibited by the A	mericans w
equired, I unders eports and will a	stand that, in complian Iso obtain a separate	ce with federal law, the	company will provide me om me to consent to thes	ry prior to my employment. If su with a written notice regarding the reports. I also understand that	e use of the
n compliance with plete the required	h federal law, all perso employment eligibility	ns hired will be require verification document f	d to verify identity and eligorm upon hire.	gibility to work in the United State	es and to co
DATE		SIGNATURE			203.100-
		Do Not Writ	e Below This Line		ONC MENTAL N
DATE		INTERVIEWED BY		ALE SALES	ED SO EN EN ES MASSEMAGU
Remarks					
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NEATNESS			CHARACTER		
NEATNESS PERSONALITY			CHARACTER		
NEATNESS PERSONALITY					

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GENERAL MANAGER

DEPARTMENT HEAD

EMPLOYMENT MANAGER