APPLICATION FOR EMPLOYMENT

| Name | | | | | Date | | | |
|----------------------------|----------|--|----------------------------|---|-------------------|---------------------|--|--|
| Address | | | | | S.S. No | | | |
| | | | | | D.O.B.* | | | |
| *The Age Discr | | n in Em | ployment Act | of 1967 prohibits disc less than 65 years of | | basis of age with | | |
| What position What equipme | are you | ı apply achine | ing for? ry relevant to | this position can y | you operate? | | | |
| Other experies | nce or c | apabili | ties? Use the | e back of this form | if necessary | | | |
| | | | | EDUCATION | | | | |
| Calcard | Dates | Nama | | EDUCATION City | Course | Graduate?(y/n)(yr.) | | |
| School | | | | | | | | |
| Grammer | | | | | | | | |
| Call | | | | | | | | |
| Other | | | | | | | | |
| Other | | L | | | <u> </u> | | | |
| • | | | | EXPERIENCE | | | | |
| Name & Addres | s of Com | pany | Date From-to | | | Reason for leaving | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | BUSI | NESS REFERENC | CES Occupation | · · | | |
| Name | | | Address | | Occupant | JII | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | 1 | | | | | |

This form has been designed to strictly comply with State & Federal fair employment practice laws prohibiting discrimination on the basis of an applicant's sex or minority status. Questions directly or indirectly reflecting such status have been included only where needed to determine a bona fide occupational qualification or for other permissible purposes.

CONTINUED ON REVERSE

Application for Employment, Continued

| Date Mo. & Yr. | Name and Address of Employer | | Salary | Position | Reason for leaving | |
|-------------------|------------------------------|------------------------|----------------|--------------|---------------------------|--|
| | | | | | | |
| REFEREN year. | CES: Give the | names of three persons | not related to | you whom you | ı have known at least one | |
| Name | 2 | Address | Business | | Years Acquainted | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| In case of e | mergency noti | ify: | | | | |
| Name | | Address | | | Phone | |
| | | | | | | |
| Use the space | e below to list | additional experience | e if desired. | | | |
| | | | | | | |