## APPLICATION FOR EMPLOYMENT -(CONDENSED)

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

Last Name First Middle	Date			
Street Address	Home Telephone			
City, State, Zip	Business Telephone			
Have you ever applied for employment with us?	Social Security #			
U Yes U No If "Yes," Month and YearLocation				
Position Desired	Pay Expected			
Apart from absence for religious observance, are you available for full-time work?	Will you work overtime if asked?			
☐ Yes ☐ No If not, what hours can you work?	□ Yes □ No			
Are you legally eligible for employment in the United States?	When will you be available to begin work?			
Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary	Have you ever been bonded?			
offenses, which have not been annulled, expunged or sealed by a court?	☐ Yes ☐ No			
☐ Yes ☐ No If "Yes," describe in full.	If "Yes," with what employers?			
Membership in professional and civic organizations (Exclude those which may disclose your race, color, religion, age or national origin).  Other special training or skills (languages, machine operation, etc.), special accomplishments or awards.				

	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Ш	Graduate				□ Yes	,
	College		e		☐ Yes ☐ No	
A T T	Business/Trade/ Technical				□ Yes	
	High School				☐ Yes	
	Elementary	W			☐ Yes	

MILITARY	Did you serve in the U.S. Armed Forces?	□ Yes	□ No *	If "Yes," in what Branch?
Describe any training received relevant to the position for which	n you are applying.	-11 -31		
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## EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most precent employer.

Company Name	T	Telephone		
Address		Employed - (State month and year) From To		
State Job Title and Describe Your Work		Reason for leaving		
		26		
Company Name		Telephone ( )		
Address	Employed - (State month and year) From To			
Name of Supervisor		Weekly pay		
		Start Last		
State Job Title and Describe Your Work		Reason for leaving		
		vertigen general en stylk judge det et det som en		
Company Name		Telephone (		
Address		Employed - (State month and year)		
A CONTROL OF THE CONT		From To		
Name of Supervisor		Weekly pay		
		Start Last		
State Job Title and Describe Your Work		Reason for leaving		
	DONOTCON	<i>TACT</i>		
We may contact the employers listed above unless you indicate those you do not want us to contact.	er Number(s)Reason			
Please read and understand this statement before signing	verify the accuracy of information in this application, a related employment resume or	This application is not an employment agreement. If I accept an offer of employ-		
your application:	personal interview. I waive all rights and claims I may otherwise have against the	ment I understand the employer may terminate my employment at any time, with		
	employer or its representatives, for seeking, and using information to evaluate my	or without cause and without prior notice, unless required by law. I understand that no		
The information I provided in this Application for Employment is true. False, incomplete or	employment request and all other persons	one, other than an executive officer of the		
misrepresented information will be sufficient	who provide information for this purpose.	employer, has authority to enter into any		
cause for my application to be rejected or, if	This application will expire in 30 days.	employment agreement with terms contrary to the foregoing and then only in writing		
discovered after I am employed, cause for immediate termination of my employment.	Unless otherwise notified, I understand that my status as an applicant will end. I may re-	signed by such officer.		
I authorize the employer to obtain informa-	apply for employment in the future by com-			
tion about me from previous employers, educational institutions and other parties to	pleting a new application.			
I accept all terms and conditions	R			
in the above statement.	Date	Signature		
immediate termination of my employment.  I authorize the employer to obtain information about me from previous employers, educational institutions and other parties to	Unless otherwise notified, I understand that my status as an applicant will end. I may re-			

Jand Productions believes the information solicited from the applicant is in full compliance with all Federal and State equal employment laws and with the Fair Credit Reporting Act. We do not assume responsibility for the user's inclusion in this "Application for Employment" of any question which may violate Federal, State or local laws and users should consult their own counsel with respect to any legal questions concerning the use of this form.