EQUAL OPPORTUNITY EMPLOYER



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APPLICATION FOR EMPLOYMENT

We receive applications and hire employees without regard to race, creed, color, sex, religion, age, national origin, marital status, physical or mental handicap, disability, veteran's status and citizenship status, or any other protected category. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in our organization.

		- PERSONAL INI	FORMATION	Date.				
Name		LIGOTALLIA		Security No				
Last	First	Midd	le Initial	Security 110				
Present address	Street City	State	Home	or nearest phone				
How long have you live	's License No.	State						
Previous address			How long did you live there?					
No. Street City State Zip								
Are you over the age of 18? Yes No If no, employment is subject to verification that you are of minimum legal age.								
Are you legally eligible	to work in the U.S.?	□ Yes □ No	Email A	Address:				
		EMPLOYMENT I	NFORMATION					
Position applying for		ENII EO INIENTI		vailable for work				
Shift Preference 1st 2nd 3rd What salary or pay rate do you expect?								
Type of employment								
What days and hours are you available to work? Days Hours								
Have you ever applied for a job with us before? Yes No When?								
Have you ever been bor	nded? □ Yes □ No	Have you ever been re	efused bond? \square Y	es □ No If so, state rea	ason and date.			
Have you ever been convicted of any crime other than a minor traffic violation? □ Yes □ No Is so, explain								
Do you use illegal drugs	s? □ Yes □ No							
Does your present empl	oyer know of your plan	s to change employmen	t? □ Yes □ No	Why do you desire to ma	ake a change?			
Have you ever held a po		•	materials)? □ Ye	s □ No				
Do you have steady tran	•							
Have you ever been disc								
Are there any other expe	eriences, skills, or quali	ifications you have that	specifically relate to	working here?				
Can you perform the du	ties of the job for which	h you are applying, with	or without reasona	ble accommodation? \[\sum_{\text{Y}} \]	es □ No			
		— EDUCATION I		T				
 		Г	INFORMATION	<u> </u>				
SCHOOLING	YEARS COMPLETED	DEGREE REC. AND MAJOR SUB.	NAME OF SCHOOL	LOCATION	DID YOU GRADUATE?			
GRAMMAR SCHOOL OR HIGH SCHOOL								
TRADE BUSINESS OR CORREPONDENCE								
COLLEGE								
GRADUATE SCHOOL								
Describe any other special employment. State whether			ical or nursing school). Include study courses give	n through public or private			

		OR WORK RECORD th most recent or present employer)	
1.)	Name, Address & Phone No. of Most Recent Employer	Telephone No.	
	Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
	Your Job Title & Duties	Date Left	Last Rate
	Reason for leaving		
2.)	Name, Address & Phone No. of Employer		Telephone No.
	Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
	Your Job Title & Duties	Date Left	Last Rate
	Reason for leaving		
3.)	Name, Address & Phone No. of Employer		Telephone No.
	Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
	Your Job Title & Duties	Date Left	Last Rate
	Reason for leaving	l	L
4.)	Name, Address & Phone No. of Employer		Telephone No.
	Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
	Your Job Title & Duties	Date Left	Last Rate
	Your Job Title & Duties Reason for leaving	Date Left	Last Rate
May	Reason for leaving we contact the employers listed above?	If not, indicate by No. which one(s) you do not REFERENCES	
	Reason for leaving we contact the employers listed above? (Do not	If not, indicate by No. which one(s) you do not refer to the second of t	ot wish us to contact
Name	Reason for leaving we contact the employers listed above? (Do not	If not, indicate by No. which one(s) you do not receive the second of th	ot wish us to contact Occupation
Name Name	Reason for leaving we contact the employers listed above?	If not, indicate by No. which one(s) you do not receive the second of th	ot wish us to contact Occupation Occupation