

## EMPLOYMENT APPLICATION P.D. QUIX

Date: \_\_\_\_\_

MCB 1998		Position Applying For :							
PERSONAL IN	IFORMATION								
FULL	NAME:	First	Middle		Last				
		11130	Middle		Last				
PRESENT ADI	DRESS:								
		Number & Street	City	State	Zip				
		How long have you	u lived there?						
PREVIOUS AD	DRESS:	Number & Street	City	State	Zip				
			ĺ		·				
		How long did you	ı live there?						
SOCIAL SECU	RITY#		PHONE # HOME						
	ARE YOU (	OVER 18 YEARS OLD AI	ND LESS THAN 70	D? YES 1	NO				
		A U.S. CITIZEN? YES							
LLAVE VOLLCINGE				NO					
HAVE YOU SINCE	THE AGE OF I	8 BEEN CONVICTED O	FAFELONY! TES	S NO					
IF YES, PLEASI	E EXPLAIN: _								
MEDICAL INF	ORMATION:	Do you have any p			k				
		hinder your perfor Yes No	mance on the jol If yes, please						
		163 140	ii yes, piease	е ехріані.					
MILITARY	•	nember of the U.S.	Dates of Service:						
SERVICE	RVICE Armed Services? <u>Yes No</u> Branch:								
EDUCATION	•	e last year attended school: Last school attended: less, 9, 10, 11, 12, GED							
Hiah S	•	Work-Study student	YES NO						
		ending school?	YES NO						
,	•	3		_					

## WORK STUDY (LIST MOST RECENT EMPLOYER FIRST)

Company	City	From: Mo. Yr.	Salary:	List of Duties:	Reason for Leaving:
Address	Phone		\$		
Supervisor(s)	Phone	To: Mo. Yr.	Position:		
Company	City	From: Mo. Yr.	Salary:	List of Duties:	Reason for Leaving:
Address	Phone		\$		
Supervisor(s)	Phone	To: Mo. Yr.	Position:		
Company	City	From: Mo. Yr.	Salary:	List of Duties:	Reason for Leaving:
Address	Phone	IVIO. 11.	\$		
Supervisor(s)	Phone	To: Mo. Yr.	Position:		
		HOURS OF AVAILABIL	ITY		

Friday	Thursday	Saturday	Sunday	Monday	Tuesday	Wednesday

Please provide any additional information which you feel might be valuable in a fair and informed employment decision:

FAIR CREDIT REPORTING ACT DISCLOSURE: In making this Application for Employment it is acknowledged that P.D. Quix may request such information that is deemed necessary to evaluate my qualifications for employment. Upon written request, information as to the nature and scope of such a report will be provided. False or incomplete information in an application for employment is grounds for dismissal and forfeiture of all related benefits.

I CER	TIFY	THAT	THE	ABOVE	INF	OR	MATION	IS	ACCU	IRATI	E AND	COMPLETE
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Signature	Date	
AN EQUAL OPPORTUNITY EMPLOYER	TG33088	