APPLICATION FOR EMPLOYMENT PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFO			<u></u>	DATE			
THE PERSON NAME I ITS	''			SOCIAL	SECURITY NO.		
PRESENT ADDRESS		CITY		STATE			
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NAME	ADDRESS	BUSINESS	YEARS KNOWN
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AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

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DATE DO NOT WRITE BELOW THIS LINE						
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