

6. EXPERIENCE

Give a complete record of all employment and reasons for periods unemployed during past ten years; Start with most recent employment. Give U.S. experience only.

Latest Employment First				Employer's Name, Address, Telephone No. and Name of Last Supervisor	Last Salary and Position(s) Held	Reason for Leaving			Verification
From		To				Quit	Dismissed	Other (Explain)	
MONTH	YEAR	MONTH	YEAR	EMPLOYER 1. NO. & STREET CITY, STATE, ZIP CODE	PHONE NO. SUPERVISOR	SALARY \$ POSITION	PER		
				EMPLOYER 2. NO. & STREET CITY, STATE, ZIP CODE	PHONE NO. SUPERVISOR	SALARY \$ POSITION	PER		
				EMPLOYER 3. NO. & STREET CITY, STATE, ZIP CODE	PHONE NO. SUPERVISOR	SALARY \$ POSITION	PER		
				EMPLOYER 4. NO. & STREET CITY, STATE, ZIP CODE	PHONE NO. SUPERVISOR	SALARY \$ POSITION	PER		
				EMPLOYER 5. NO. & STREET CITY, STATE, ZIP CODE	PHONE NO. SUPERVISOR	SALARY \$ POSITION	PER		
				EMPLOYER 6. NO. & STREET CITY, STATE, ZIP CODE	PHONE NO. SUPERVISOR	SALARY \$ POSITION	PER		
				EMPLOYER 7. NO. & STREET CITY, STATE, ZIP CODE	PHONE NO. SUPERVISOR	SALARY \$ POSITION	PER		

WHAT LANGUAGES, OTHER THAN ENGLISH, DO YOU SPEAK AND WRITE?	WHAT OFFICE MACHINES CAN YOU USE?	TYPING SPEED WORDS PER MIN.	SHORTHAND SPEED WORDS PER MIN.
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7. EDUCATION

Names and complete addresses of schools

LAST ELEMENTARY SCHOOL	Circle Last Grade Completed								Did You Graduate?	Date of Leaving or Graduation
	1	2	3	4	5	6	7	8		
LAST HIGH SCHOOL	9 10 11 12									
JR. COLLEGE, COLLEGE, OR UNIVERSITY	MAJOR SUBJECTS				YES, COMPL'D.	DEGREES	GRADUATED?	DATE LEFT		
TECHNICAL OR VOCATIONAL SCHOOL	SCHOOL				COURSE		DEGREE OR CERTIFICATE	DATE COMPLETED		

8. PERSONAL REFERENCES

Give two references whom you have known for at least five years (Not relatives or former employers)

NAME	PHONE NO.	NO. & STREET	CITY, STATE, ZIP CODE	Verification

9. AFFIDAVIT

FAIR CREDIT REPORTING ACT - PRE-NOTIFICATION

This is to inform you that as part of our procedure for processing your application, an investigative report may be made whereby information is obtained through a personal interview with you and/or with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, whichever may be applicable. Upon written request, within a reasonable period of time, a complete and accurate disclosure concerning the nature and scope of the investigation will be furnished to you.

Such reports are a part of our routine procedures and you can be assured your application will be processed just as quickly as possible.

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this questionnaire. I authorize the companies, schools or persons named above to give any information regarding my employment, or my physical condition, together with any information they may have regarding me whether or not it is in their record; I hereby release said companies, schools or persons from all liability for any damage for issuing this information.

SIGNED _____ DATE _____

APPLICANT - DO NOT USE THIS SPACE

CHECK LIST	A	B	C	D	COMMENTS OR EMPLOYMENT DATA
Appearance					
Speech					
Attitude					
Alertness					
Personality					
Potential					

Interviewed By _____ Date _____ Time _____ Rated By _____ Date _____ Time _____