

PRESENT MEMBER OF THE NATIONAL GUARD OR RESERVES?

PERSONAL INFORMATION

DO YOU HAVE ANY PHYSICAL DEFECTS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?

WERE YOU EVER INJURED? GIVE DETAILS:

HAVE YOU ANY DEFECTS IN HEARING? IN VISION? IN SPEECH?

IN CASE OF AN EMERGENCY NOTIFY:

Name Address Phone No.

FORMER EMPLOYERS

(LIST BELOW YOUR LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOW FOR AT LEAST A YEAR

NAME	ADDRESS	BUSINESS	YEARS KNOWN

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL, FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PREVIOUS NOTICE.

DATE

SIGNATURE

INTERVIEWED BY

DATE