APPLICATION FOR EMPLOYMENT PRE-EMPLOYMENT QUESTIONAIRE EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION		DATE	
NAME (LAST NAME FIRST)		SOCIAL SECURI	TV NO
		OCCAL DECOR	
PRESENT ADDRESS	CITY "	STATE	ZIP CODE
PERMANENT ADDRESS	СІТҮ	STATE	ZIP CODE
PHONE NO.	REFERRED BY		
EMPLOYMENT DESIRED			
POSITION		DATE YOU CAN START	SALARY DESIRED
ARE YOU Yes	No IF SO,	MAY WE INQUIRE [
EVER APPLIED TO		OUR PRESENT EMPLOYER?	Yes No
THIS COMPANY BEFORE? Yes	No WHERE?	WHI	EN?
NAME AND LOCA	TION OF SCHOOL	YEARS DI	n voll
	HOIVOF SCHOOL	YEARS DI ATTENDED GR	D YOU SUBJECTS STUDIED
GRAMMAR SCHOOL		<i></i>	
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	•	,	
GENERAL SUBJECTS OF SPECIAL STUDY/RESEAF OR SPECIAL TRAINING/SKILLS	RCH WORK		
OTT OF LONE TIMINATOR SKILLS	***************************************		
U.S. MILITARY OR NAVAL SERVICE	'	RANK	
FORMER EMPLOYERS			
LIST BELOW LAST FOUR EMPLOYERS, S	TARTING WITH LAST ONE FIRST)		
MONTH AND YEAR NAME AND AS	DDRESS OF EMPLOYER S	ALARY POSITION	REASON FOR LEAVING
FROM			
TO FROM			
TO			
FROM			
то			
FROM			····
то		1	

Adams

(CONTINUED ON OTHER SIDE)

JAN 1882

Ĩ	VAMES OF THREE PERSONS	NOT RELATED TO	YOU, WHOM YOU HA	IVE KNOWN AT LEAST ONE YEA	R
		·			
		¥			
and the second s					
I AUTHORI ABOVE TO G MATION THE' THAT MAY RE I ALSO UNI AGREEMENT	THAT THE FACTS CONTAINED TAND THAT, IF EMPLOYED, F ZE INVESTIGATION OF ALL S INVE YOU ANY AND ALL INFO Y MAY HAVE, PERSONAL OR ISULT FROM UTILIZATION OF DERSTAND AND AGREE THAT	ALSIFIED STATEMENTS CONT. DRMATION CONCER OTHERWISE, AND SUCH INFORMATIO NO REPRESENTAT IN SPECIFIED PERIO	NIS ON THIS APPLICATION AINED HEREIN AND INING MY PREVIOUS RELEASE THE COMIN. IVE OF THE COMPART OF THE COMPA	COMPLETE TO THE BEST OF M CATION SHALL BE GROUNDS F THE REFERENCES AND EMPL EMPLOYMENT AND ANY PER PANY FROM ALL LIABILITY FOF NY HAS ANY AUTHORITY TO EN MAKE ANY AGREEMENT CON NY REPRESENTATIVE."	OR DISMISSAL OYERS LISTED TINENT INFOR- R ANY DAMAGE
DATE	SIGNATURE			-	
NTERVIEWED BY				0.77	
REMARKS	•	DO NOT WRITI	E BELOW THIS LINE	UA: E	
· 					
			•		

			•		
				:	*
NEATNESS			CHARACTER		
PERSONALITY			ABILITY		•
IRED	FOR DEPT.	POSITIO	N	WILL REPORT	SALARY WAGES

DEPT. HEAD GENERAL MANAGER THIS APPLICATION FOR EMPLOYMENT IS SOLD ONLY FOR GENERAL USE THROUGHOUT THE UNITED STATES. ADAMS ASSUMES NO RESPONSIBILITY AND HEREBY DISCLAIMS ANY LIABILITY FOR THE INCLUSION IN THIS FORM OF ANY QUESTIONS OR REQUESTS FOR INFORMATION UPON WHICH A VIOLATION OF LOCAL, STATE AND/OR FEDERAL LAW MAY BE BASED. IT IS THE USER'S RESPONSIBILITY TO ENSURE THAT THIS FORM'S USE COMPLIES WITH APPLICABLE LAWS, WHICH CHANGE FROM TIME TO TIME.

_ 2._

EMPLOYMENT MANAGER

APPROVED: 1.___

MVR Release Form

Lumbermans Wholesale

Motor Vehicle Reports may be obtained as part of Lumbermans Wholesale evaluation of my job application/employment. This report may be procured by Krist Insurance Services as assessment of insurability under my employer's insurance coverages. By signing this disclosure, I hereby authorize Lumbermans Wholesale and Krist Insurance Services to procure such report and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

Employee Signature:		
Employee Name:		
Address:		
City, State, Zip:		
State of License:		
Drivers License Number:		
Social Security Number:	•	
Date of Birth:		