WODE DEFEDENCES								
WORK REFERENCES Type of employment desired? Will you work								
□ Full-time □ Part-time □ Summer							Will you work Shifts?	
For what type of position Are you applying?								
Are you restricted to working only certain hours of the day? Yes No If yes, indicate the hours you are available								
Are you restricted from working certain days of the week? Ves No. If you indicate the days								
11 1 44 1 1 3 3								
DRIVING INFORMATION  Do you have a current driver's license? Yes No Class:								
Has your driver's license ever been suspended or revoked? Yes No If yes, please explain circumstances:								circumstances:
Please list all moving traffic violations in the past five (5) years:								
Offense	Date Location			Offense Date			Location	
Offense	Date Location			Offense	Offense Date		Location	
FORMER EMPLOYERS (List Below Last Four Employers, Starting With Last One First)								
Date								
Month & Year	Name & Address of Employer			Salary		Position	Reason for Leaving	
From		The second secon					1	ason for Louving
To From					32 25 TA			
To								***
From	*	<del>-</del>		-				
То	1							
From				<del> </del>			-	
То								
REFERENCES								
Give Below The Names Of Three Persons, Not Related To You, Whom You Have Known At Least One Year								
Name		1		Business			YEARS KNOWN	
1.								
					-01-01-012			
2.	- <del> </del>							
3.								
As an applicant for employment, I understand the following: <ul> <li>Any misrepresentation or falsification of information requested here will be cause for rejection of this application or for subsequent discipline up to and including my dismissal from employment.</li> <li>If my application for employment is accepted, the effective date of my employment shall be the time I actually begin to work. If I am employed, I agree to comply with the safety and health rules and regulations of the</li> </ul>								
company.								
No management official is authorized to make any oral assurance or promise of continued employment.      Lauthorize without liability investigation of all statements and in the continued employment.								
authorize without hability investigation of all statements contained in this application								
<ul> <li>I understand and agree that, if hired, my employment is "at-will." This means that either I or the Company may end the employment relationship at any time and for any or no reason.</li> </ul>								
DATE		GNATURE						