## APPLICATION FOR OFF THE RAK

(AN EQUAL OPPORTUNITY EMPLOYER)

| PERSONAL INFORMATION              |            |           |                       | Date               |                        |                  |  |
|-----------------------------------|------------|-----------|-----------------------|--------------------|------------------------|------------------|--|
|                                   |            |           |                       | Social Security No |                        |                  |  |
| Name                              |            |           |                       |                    |                        |                  |  |
| Present address                   |            |           |                       |                    |                        |                  |  |
|                                   |            |           |                       |                    |                        |                  |  |
| Permanent address                 |            |           |                       |                    |                        |                  |  |
| Phone No.                         |            | Are you   | 18 years or older?    | Yes 🗖              | No 🗖                   |                  |  |
| Are you legally permitted to      |            | 7 lie you | 10 years or order.    | 103 🗖              | 110 🗕                  |                  |  |
| work in this country?             | Yes 🗖      | No 🗆      |                       | Date of            | Birth                  |                  |  |
| EARLOVA ENT DECIDED               |            |           |                       |                    |                        |                  |  |
| EMPLOYMENT DESIRED                |            |           | D                     |                    | C.L.                   |                  |  |
| Position                          |            |           | Date you<br>Can start |                    | Salary<br>Desired      |                  |  |
| Position<br>uu/u87u               |            |           | Calistan              | If so ma           | y we inquire           |                  |  |
| Are you employed now?             |            |           |                       | •                  | present employer?      |                  |  |
| , ac you employed now.            |            |           |                       |                    | nat days are you       |                  |  |
| Can you work any day of the wo    | eek?       |           |                       | Availabl           |                        |                  |  |
|                                   |            |           |                       |                    | hat hours are you      |                  |  |
| Can you work any hours?           |            |           |                       | Available?         |                        |                  |  |
| Referred by                       |            |           |                       |                    |                        |                  |  |
| EDUCATION Name and                | Location o | f School  | No. Of                | Years              | Did you Graduate       | Subjects Studied |  |
| Grammar                           |            |           |                       |                    |                        |                  |  |
| School                            |            |           |                       |                    |                        |                  |  |
| High School                       |            |           |                       |                    |                        |                  |  |
| College                           |            |           |                       |                    |                        |                  |  |
| Trade, Business or                |            |           |                       |                    |                        |                  |  |
| Correspondence                    |            |           |                       |                    |                        |                  |  |
| School                            |            |           |                       |                    |                        |                  |  |
| GENERAL                           |            |           |                       |                    |                        |                  |  |
| Subjects of special study or rese | arch       |           |                       |                    |                        |                  |  |
| Special Skills                    |            |           |                       |                    |                        |                  |  |
| Activities:                       |            |           |                       |                    |                        |                  |  |
| U.S. Military or                  |            |           |                       |                    | Present Membership in  |                  |  |
| Naval Service                     |            |           | Rank                  |                    | National Guard or Rese | rves             |  |

| FORMER EMI              | PLOYE        | RS (List below last three em      | ployers, starti | ing with last one f | irst.)             |     |
|-------------------------|--------------|-----------------------------------|-----------------|---------------------|--------------------|-----|
| Date                    |              |                                   | •               |                     |                    |     |
| Month and Year          | Name         | and Address of Employer           | Salary          | Position            | Reason for leavi   | ing |
| From                    |              |                                   |                 |                     |                    |     |
| To<br>From              |              |                                   |                 |                     |                    |     |
| To                      |              |                                   |                 |                     |                    |     |
| From                    |              |                                   |                 |                     |                    |     |
| To                      |              |                                   |                 |                     |                    |     |
|                         |              |                                   |                 |                     |                    |     |
|                         |              |                                   |                 |                     |                    |     |
|                         |              |                                   |                 |                     |                    |     |
| Which of these jol      | bs did you   | like the best?                    |                 |                     |                    |     |
|                         |              |                                   |                 |                     |                    |     |
| What did you like       | about this   | s job?                            |                 |                     |                    |     |
|                         |              | names or three persons not relate | ed to you who   | m vou have known    | at least one year  |     |
| TEL ETEL (CE            | . Give the i | names of three persons not retain | ou to you, who  | in you have known   | at reast one year. |     |
|                         |              |                                   |                 |                     | Year               | S   |
| Name                    |              | Address                           |                 | Business            | Acquain            | ted |
|                         |              |                                   |                 |                     |                    |     |
| 1                       |              |                                   |                 |                     |                    |     |
|                         |              |                                   |                 |                     |                    |     |
| 2                       |              |                                   |                 |                     |                    |     |
|                         |              |                                   |                 |                     |                    |     |
| 3                       |              |                                   |                 |                     |                    |     |
|                         |              |                                   |                 |                     |                    |     |
|                         |              |                                   |                 |                     |                    |     |
| In Case of              |              | ı                                 |                 |                     | I                  | ļ   |
| <b>Emergency Notify</b> | 7            |                                   |                 |                     |                    |     |
|                         |              | Name                              | Address         |                     | Phone No.          |     |
|                         |              |                                   |                 |                     |                    |     |

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than it's president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

| Date Signature |  |
|----------------|--|
|----------------|--|