APPLICATION FOR EMPLOYMENT

CLIFF CARTER SERVICES
INTERIOR & EXTERIOR MAINTENANCE

GENERAL CONTRACTOR

PERSONAL INFORMA	TION			DATE					
NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.							
PRESENT ADDRESS		CITY		STATE		ZIP CODE			
PERMANENT ADDRESS		CITY	CITY		STATE		ZIP CODE		
PHONE NO.							wom saomio		
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POSITION AUGUST VARY BATT CONTINUES VAR TO THE PARTY OF THE PROPERTY OF THE PARTY O			DATE YOU	DATE YOU CAN START SALARY DESIRED					
ARE YOU EMPLOYED?		WE INQUIRE RESENT EMPL	-OYER?	YES	NO				
EVER APPLIED TO THIS COMPANY BEFORE?	YES	NO WHERE?	of disability	<u>060 5 05 0</u> 980 10 98 5 041 544 244	WI	HEN?	a n e<mark>lele</mark>s par. Baskev chii Alan on baska		
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HIGH SCHOOL							SMARKS		
COLLEGE						=	an and a second sec		
TRADE, BUSINESS O CORRESPONDENCE SCHOOL	R								
GENERAL INFORMATI	ION								
SUBJECTS OF SPECIAL STU WORK OR SPECIAL TRAININ	JDY/RESEARCH JG/SKILLS								
U.S. MILITARY OR			RAN	IIV					
NAVAL SERVICE									
FORMER EMPLOYERS	(LIST BELOW LAST FOUR	EMPLOYERS, STA		AST ONE FIRS	Τ)				
DATE MONTH AND YEAR	NAME & ADDRESS O	FEMPLOYER	SALARY	POSITIO	N	REASON F	OR LEAVING		
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adams 9661 APR 1998

APPLICATION FOR EMPLOYMENT

CONTINUED ON OTHER SIDE

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UTHORIZATION	1212 (20)	TATAL		Yalo	RABIGA MANARES		
"I certify that understand that	t, if employed, falsifi	ed statements	on this a	oplication shall be grou	e best of my knowledge and nds for dismissal.		
to give you any may have, pers from utilization I also unders agreement for eing, unless it is This waiver d	and all information conal or otherwise, a of such information. Stand and agree that employment for any in writing and signe oes not permit the r	concerning my and release the t no representa specified period d by an author elease or use	previous company ative of the od of time ized com of disabili	employment and any property of the company has any auror to make any agree pany representative.	pertinent information they y damage that may result thority to enter into any ment contrary to the forego-		
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TERVIEWED BY				DATE	SAMMAR SCHOOL		
	D	O NOT WR	ITE BEL	OW THIS LINE —			
EMARKS					нівн зенооц		
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S. S.					ADE, BUSÍNESS OR ORRESPONDENCE SCHOOL		
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NEATNESS (TEAPLEMO T2AJ H7W)				CHARACTER STARTING PAGE STARTING STARTI			
ERSONALITY	3 MURABY	10111209	ABII	MESS OF EMPLOYER	OOA S EMAN HAD CHARFINGE		
IRED	FOR DEPT.	POSI	TION	WILL REPORT	SALARY WAGES		

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

BUSINESS

ADDRESS

NAME