POLAND TOWNSHIP APPLICATION FOR EMPLOYMENT

			Social Security			
arne Last	t Fi	irst	Middle Nu	mber		
resent Address						
resent Address	Street	City	<i>y</i>	State	Zip	
ermanent Address		•			•	
ermanent / tauress	Street	City	/	State	Zip	
hone No.		Apartment No.	rtment No.			
n Case of						
Emergency Notify	Name	Address		Phone No.		
•		11461400		1 110110 1	10.	
Employment Desired				15-4/W.FV	Na Salari	
		Date You		Salary		
Position		<u>Can Start</u> If so May We I	nquire	Desired		
are you employed now?		Of Your Preser	nt Employer?			
Ever applied to this Township I	before?	Where?		When ?		
Ever worked for this Township	before?	Where?		When?		
Reason for Leaving						
T 01 102 1 111	m 197					
Name of Last Supervisor at this						
Who Referred You		y ement	☐ Walked in ☐ Friend			
		ervice				
Education	State Employment O	ince	NAME OF STREET		100	
				T		
School	Name and Address of School	Course of Study	Years	Diplor	na / Degree*	
	School		Complete*			
Grammar School						
Ligh Cahaal						
High School						
College						
Trade, Business or						
Correspondence School	,					
	crimination in Employment Act of 196 s than 65 years of age. Employment					
FFICE USE ONLY				April 10 mil X mil		
FICE USE UNLI		Was Was and San				
ATE EMPLOYMENT		nn	RATE OF PAY			
ORMER EMPLOYERS	(List below last three employees					
	franchista and author Author Action					

Name and Address of Present or Last Emplo	yer						
Starting Date	Leaving Date						
Weekly Starting Salary	Weekly Final Salary						
Job Title	May We Contact Supervisor?						
Name of Supervisor	Phone No.						
Description of Work							
Reason for Leaving							
Name and Address of Employer							
		1000 B					
	Leaving Date Weekly Final Salary						
I.1 m24.	May We Contact Supervisor?						
	Phone No.						
D 101 0W 1							
Reason for Leaving							
•							
7	Leaving Date						
Weekly Starting Salary	Weekly Final Salary						
Job Title	May We Contact Supervisor?						
Name of Supervisor		Pho	one No.				
Description of Work							
Reason For Leaving REFERENCES: Give below the names of	three persons not related to you, whom	you have known at least one year.	(1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
NAME	ADDRESS	PHONE NUMBER	BUSINESS	YEARS ACQUAINTE D			
1.							
2.							
3.							
		i.	1				
GENERAL							

SUBJECTS OF SPECIAL STUDY OF	R RESEARCH WORK		
Special Training			
Special Skills			
SERVICE RECORD			
U.S. Military or Naval Service		Rank	
Present Membership in National Guard or Reserves		Date Obligation Ends	
Type of Discharge and Date			
AUTHORIZATION			
MISREPRESENTATION OR OM AGREE THAT MY EMPLOYME	MISSION OF FACTS CALLED FOR IS	D IN THIS APPLICATION. I UNDERSTAND THAT S CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND ND MAY, REGARDLESS OF THE DATE OF PAYMEN ANY PREVIOUS NOTICE.	
DATE	SIGNATURE		