

NAME OF FIRM OR AGENCY

TYPE OF BUSINESS OR FUNCTION OF AGENCY

DATE

EMPLOYED		PART TIME OR FULL TIME	TITLE OR DUTY	AVERAGE WEEKLY SALARY	SOCIAL SECURITY NO.
FROM	TO				

IF NOT PRESENTLY EMPLOYED BY YOU, INDICATE MANNER OF LEAVING YOUR EMPLOY

(Check One)

- RESIGNED VOLUNTARILY (State reason given.) _____
 - REQUESTED TO RESIGN (State reason.) _____
 - DISCHARGED
 - LAID OFF
 - OTHER
- } Please specify reason _____
- } _____
- } _____

CANDIDATE'S EMPLOYMENT RECORD (Check yes or no. If you desire to elaborate, do so in "details.")

Honest	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amenable To Orders	<input type="checkbox"/> Yes <input type="checkbox"/> No	Excessively Late	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was He Ever Disciplined	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sober	<input type="checkbox"/> Yes <input type="checkbox"/> No	Able To Get Along With Others	<input type="checkbox"/> Yes <input type="checkbox"/> No	Excessively Absent	<input type="checkbox"/> Yes <input type="checkbox"/> No	Injured or Given First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No

IS SUBJECT CONSIDERED "ELIGIBLE FOR REHIRE"?	<input type="checkbox"/> Yes <input type="checkbox"/> No	WOULD YOU PREFER A PERSONAL INTERVIEW TO DISCUSS THE CANDIDATE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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DETAILS OR ADDITIONAL COMMENT:

RESIDENCE ADDRESSES WHILE IN YOUR EMPLOY	
NAMES AND ADDRESS OF PREVIOUS EMPLOYERS	

SIGNATURE

TITLE OF YOUR POSITION

YOUR BUSINESS TELEPHONE NO.