

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, creed, color, age, sex, religion or natural origin.

ERSONAL INFORMA		o: i o	**		
			ecurity Number		
ame		17!4		Middle	
VameLast Present AddressStreet			First		
		City		State	Zip
Street ermanent Address Street		City	City		Zip
one			Are you 18 years or older?		
related to anyone in ou					
tate name and departme	nt				
Leferred by:					
Leferred by:EMPLOYMENT DESIR	ŒD				
osition Are you employed now?	Whe	n can you Sta	art?	Salary Do	esired
Are you employed now?	lf so	, may we inq	uire of your pre	sent employer? _	
Ever applied to the Town	if of Old Sayblook!			AA ITEIT	
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EDUCATION	(MA) for a supplying the minimum relation of the supplication of t		Number of	ayaasiiddaasay, yoo laasaadaasaasaa	
	Norman and Your law of Co	nla a l	Years Attended	Did You Graduate?	Subjects Studied
	Name and Location of So	CHOOL	Attenueu	Giaduater	Sinjecis Sindica
G					
Grammar School	W		-		
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77° 1 G 1 . 1					
High School			1		
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College		· · · · · · · · · · · · · · · · · · ·			
Trade, Business or	- 1				
Correspondence School					
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Subjects of Special St	udv		. <u>L </u>		
or Research Work:					
					•
Activities other than					
1.					
Religious (civic: athle	etic, etc.)				
Religious (civic, athle	etic, etc.)				

DATE	NAME, ADDRESS, A	ND						
MONTH YEAR	PHONE OF EMPLOY	1	SALARY	POSITION	RÈASON FOR LEAVING			
From			 					
То								
From								
То		77						
From								
То								
					·			
REFERENCES List below the Names of Three Persons Not Related To You, Whom You Have Known At Least One Year Name Address/Phone Business Years Known 1. 2. 3. PHYSICAL RECORD Do you have any physical condition which may limit your ability to perform the job for								
which you are being considered? YesNo If yes, explain:								
In Case of F	mergency Notify				and the second s			
1	Nam	e	Address	· · · · · · · · · · · · · · · · · · ·	Phone No.			
I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal.								
I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you.								
I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.								
Name (print)	(print)							
DO NOT WRITE BELOW THIS LINE								
Interviewed By: Date								
Hired:	Hired:YesNo Position: Department Date Reporting to Work: Salary/Wage:							
Date Keporting to Work: Salary wage:								