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HOME ADDRESS STREET				S	OCIAL S	ECURI	TY NUMBER			
СПТУ	ST	ATE	ZIP	e:	Inder the xamine of	locume	ration Reform ntation which i	and Control Act of 1986 the	he Company is authorized	is required to to work in the
ELEPHONE NUM	BER (S)						authorized to w of age or over	ork in the United States?	□ YES	□ NO □ NO
MPLOYN			. g(V)			***************************************				
HICH POSITION(S	S) ARE YOU APPLYING	FOR:			***************************************		27.5 47.5		DATE O	F APPLICATIO
Shift Work Work schedule of	ons may be required at som her than Monday thru Frida ours of availability below:		Signment YES YES	□ NO □ NO	ed, wou	ı	3. Rota	ork: ntional work schedule? rtime work?	□ YES	□ NO □ NO
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Please list your job history for the past 10 years (or last 5 employers). Start with your present status and note any periods in which you were not employed. Include U.S.

Employer Name and Address	Dates Employed Month/Year	Base Rate of Pay	Position Title and Description of Duties	Reason for Leaving
	From	Staring S Per		
TELEBRIANCE A	То	Final	S	1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999
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Employer Name and Address	Dates Employed Month/Year	Base Rate of Pay	Position Title and Description of Duties	Reason for Leaving
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REFERENCES			-	
Name	Phone Nun	nber	Personal/Professional	How Long Known?
9898 E				
PLEASE READ THE				7575 SATSOCKAN AND
my employment, education, character and qualificat	ions, and hereby release them from	n all liability	ne persons listed. 1 also authorize the employers, schools	
This application is correct and complete to the Company's employment.			deliberate omission of fact in my application may be just times make the following conditions mandatory: overting	
schedule other than Monday through Friday.	I understand and accept these ter	ms as conditions of my continu	times make the following conditions mandatory: overting sing employment. pany will be terminable at-will by me or by the Company	

- This is an application and not a contract of employment. If inited, thy employment, retainship with the Company and still wish to be considered for employment, it will be necessary to fill out and submit a new application. I understand that applicants may be tested for illegal drugs or alcohol according to the procedures permitted by applicable law and must pass in order to be considered eligible for employment. I further understand that my refusal to take a lawful test or sign related documentation permitted by law will result in the rejection of my application.

 I understand that within the timeframe required by law, I must provide proof of identity and legal authorization to work in the United States as required by federal immigration laws. D) E)
- F)

SIGNATURE OF APPLICANT	DATE
The Company does not discriminate in hiring or employment on the basis of race, color, religious creed,	national origin, sex, sexual orientation, age, disability or medical condition, marital status, or veteran statu