KUCEL CONTRACTORS INC.

(pre- employment questionnaire)			(an equal opportunity employer)			
Personal Inform	mation		Date	<u>L</u>		
				<u>a</u>		
<u>Name</u>				<u>S</u>		
				<u>t</u>		
ī	Last Middle	First				
_	ast Wildle	1 1130				
Present Address	S					
	Street	City	State Zip			
Permanent Addr						
	Street	City	State Zip	7.6		
Phone Number		ARE YOU 18 YEARS	OR OLDER ves no	$\frac{\underline{M}}{\underline{i}}$		
Thone runner		ARE TOO TO TEARS		d		
				<u>d</u> <u>d</u>		
Special Question	ons			<u> </u>		
DO NOT ANSWE	ER ANY OF THE QUESTIONS IN THIS FRAM					
	EBY INDICATING THAT THE INFORMATIO TIONAL SECURITY LAWS, OR IS NEEDED 1					
DICTATED BT NA	THONAL SECURIT I LAWS, OR IS NEEDED	TOR OTHER LEGALLI TERMISS	IBLE REASONS.			
Height	feetinches		Citizen of U.S.A. yes n	10		
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Weigh	ntlbs					
	1 11 11 11 11 11 11 11 11 11 11 11 11 1	T. TEG				
■ Do yo	ou have a valid New York State Drivers	License: YES:	NO:			
□ What	Foreign Language do you speak fluentl	v?	Read Write	$-\frac{F}{i}$		
	Age Discrimination in Employment Act of 1957	•				
	less then 70 years of age.	r		1		
Employment D	esired			<u>s</u> <u>t</u>		
		Date you	ı Salary			
Position		Can Star	tDesired	_		
If So May We Inquire						
Are You Employ	yed Now?	of Your	Present Employer?	-		
Ever Applied to	this Company Before?	Where?	When?			
Lvei Applied to	tins company before:	wilcie:_	when:	_		
Education	Name and Location	Did You	Subject Studied			
Ludeation	of School	Graduate	Subject Studied			
Grammer	OI SCHOOL	Graduate				
		-				
School		_				
High						
School						
College						
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T 1. D		_				
Trade,Business Correspond.		_				
Correspond.						
General						
Subject of Speci	ial Study or Research Work					
HC MOV	Au Naval Camilla	D 1-	Present Membership in			
U.S. Military O	Or Naval Service	Rankntinue on other side)	_National Guard or Reserves			

Former Employers (List Below Last Four Employers, Start with Last One First)							
Date Month/Year	Name an	d Address of Employer	Salary		Position	Reas	son for Leaving
From							
То							
From							
To							
From To							
From							
То							
References: Give The Names of Three Persons Not Related to You, Whom You Have Known At Least One Year.							
Name	Name Address			Business		Years Acquainted	
1.							
2.							
3.							
Physical Records: Do You Have Any Physical Limitations That Preclude You From Performing Any Work For Which You Are Being Considered?							
Please describe any medical operations or treatments that you have had:							
In Case Of Emergency Notify:							
		Name			Address		Phone Number
I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSE 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 ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.							
		r, if ,Hired, MY EMPLOYME LARY, BE TERMINATED AT A					LESS OF THE DATE OF
DateSigniture							
DO NOT WRITE BELOW THIS LINE							
Interveiwed by:	Interveiwed by:Date						
Hired: Yes No Position Dept.							
	Date Reported To Work						
Approved: 1		2.				3	
Approved: 1. 2. 3. Employment Manager Dept. Head General Manager							
This Form has been designed to strictly comply with State and Federal fair Employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use thoughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Application may violate State and/or Federal Law.							