

402-253-3148 125 ROCK ROAD SPRINGFIELD, NE 68059

PERSONAL INFORMATION

NAME (LAST, FIRST)					SOCIAL SECURITY NO.			
PRESENT ADDRESS	APT. NO.	CITY		STATE		ZIP		
PERMANENT ADDRESS	APT. NO.	CITY		STATE		ZIP		
PREVIOUS ADDRESS IF LESS THAN 3 YEARS	APT. NO.	CITY		STATE		ZIP		
PHONE NUMBER	CELL PHONE NUMBER			EMAIL	EMAIL			
EMERGENCY CONTACT - (NAME)					PHONE NUMBER			
AREYOU 18 YEARS OR OLDER? YES NO POSITION APPLYING FOR	AREYOU LEGALLY AUTHORIZED TO WORK IN THE U.S? YES NO			ED	ARE YOU CURRENTLY EMPLOYED? YES NO			
POSITION	DATE YOU CAN START				DESIRED SALARY			
HOW DID YOU FIND OUT ABOUT THIS POSITION?								
HAVE YOU APPLIED TO CLASSIC MARBLE BEFORE? IF SO, WHEN?								
HAVE YOU WORKED FOR CLASSIC MARBLE BEFORE? IF SO, WHEN? REASON FOR LEAVING?								
EDUCATION								
HIGH SCHOOL (NAME, LOCATION)			YEARS ATTENDED	GRADUATE?	SUBJECTS STUDIED)		
COLLEGE (NAME, LOCATION)			YEARS ATTENDED	GRADUATE?	SUBJECTS STUDIED			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL (NAME, LOCATION)			YEARS ATTENDED	GRADUATE?	SUBJECTS STUDIED)		
GENERAL								
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK								
SPECIAL TRAINING, CERTIFICATIONS, LICENSES								
SPECIAL SKILLS, FOREIGN LANGUAGES, ETC.								



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EMPLOYMENT HISTORY

NAME OF PRESENT OR LAST EMPLOYER						
ADDRESS	CITY	STAT	E	ZIP		
STARTING DATE	LEAVING DATE	· I	JOBTITLE			
ENDING WAGE	DESCRIPTION OF RESPONSIBILITIES AND WORK					
REASON FOR LEAVING						
	MAYWE CONTACT VOLID CLIDEDVICOD	2				
MAY WE CONTACT YOUR SUPERVISOR? YES NO						
NAME OF SUPERVISOR	TITLE		PHONE			
NAME OF PREVIOUS EMPLOYER						
ADDRESS	CITY	STATE		ZIP		
STARTING DATE	LEAVING DATE	JOBTITLE				
ENDING WAGE	DESCRIPTION OF RESPONSIBILITIES AND WORK					
REASON FOR LEAVING						
	MAY WE CONTACT YOUR SUPERVISOR	?	<u> </u>			
YES NO						
NAME OF SUPERVISOR	TITLE	TITLE PHONE				



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WORK RELATED REFERENCES THAT WE MAY CONTACT

NAME	BUSINESS	PHONE	
NAME	BUSINESS	PHONE	
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PERSONAL REFERENCES THA	ΓWE MAY CONTACT		
NAME	BUSINESS	PHONE	
NAME	BUSINESS	PHONE	
SERVICE RECORD		•	
	HAVEYOU EVER SERVED IN THE U.S. ARMED FORCES?		
	YES NO		
BRANCH OF SERVICE	RANK	DISCHARGE DATE	
	YOU EVER BEEN CONVICTED OF, PLEAD GUILTY/NO CO AD A SUSPENDED IMPOSITION OF SENTENCE FOR ANY (OTHER THAN A MINOR TRAFFIC VIOLATION)?		
	YES NO		
IF YES PLEASE EXPLAIN			
"I CEDTIEVTHATTHE FACTS CONTAINED INT	THIS ADDITICATION A DETDITE AND COMDITTETO T	LIE DECT OF MY KNOWLEDCE FALCIEIED CTATE	
MENTS	THIS APPLICATION ARE TRUE AND COMPLETE TO THE ONTHIS APPLICATION SHALL BE GROUNDS FOR D	ISMISSAL.	
I AUTHORIZETHE REVIEW OF ALL STATEMENT	S CONTAINED HEREIN AND THE REFERENCES AND MEDIA REFERENCES"	EMPLOYERS LISTED ABOVE AND/OR ANY SOCIAL	
	SE OR USE OF DISABILITY-RELATED OR MEDIAL IN ISABILITIES ACT (ADA) AND OTHER RELEVANT FED		
SIGNATURE		DATE	