Full Time	Peterson Mfg. Co., Mission P Transworld, Kansas City Aviation C						
Part Time	APPLICATION	N FOR FM	IDI OVME	NT			
Temp/Summer	(PRE-EMPLOYMENT QUESTION						
PERSONAL INFOR	MATION		DATE				
			OUDITY				
NAME LAST	FIRST	MIDDLE	NUMBER	SOCIAL SECURITY NUMBER			
PRESENT ADDRESS	STREET	CITY		STATE ZIP			
PERMANENT ADDRESS		CITY		STATE ZIP			
PHONE NO. ()	STREET		18 YEARS OR OLDE				
ARE YOU EITHER A U.S	. CITIZEN OR AN ALIEN AUTHORIZED TO	WORK IN THE UNITE	ED STATES? YI	ES NO NO			
CAN YOU READ, WRITE	AND SPEAK ENGLISH FLUENTLY?	YES	NO				
POSITION YOU ARE APPLYING FOR		DATE YOU SALARY CAN START DESIRED					
ARE YOU EMPLOYED N	IF SO MAY WE INQUIRE E YOU EMPLOYED NOW? OF YOUR PRESENT EMPLOYER?						
EVER WORKED FOR A F	PETERSON COMPANY BEFORE?	WHERE?	WHEN?	WHAT NAME?			
REFERRED BY		RELATIONSHII	Р				
EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED			
GRAMMAR SCHOOL							
HIGH SCHOOL							
COLLEGE				DEGREE IN:			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL							
GENERAL SUBJECTS OF SPECIAL	STUDY OR RESEARCH WORK						
SPECIAL SKILLS							
ACTIVITIES: (CIVIC, ATH EXCLUDE ORGANIZATIONS	ILETIC, ETC.) S, THE NAME OF WHICH INDICATES THE RACE	E, CREED, SEX, AGE, MA	RITAL STATUS, COLOR	OR NATION OF ITS MEMBERS.			
J.S. MILITARY OR PRESENT MEMBERSHIP IN							

RANK

NAVAL SERVICE

NATIONAL GUARD OR RESERVES

^{*}The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

FORMER EMPLOY	YERS (LIST BELO	OW LAST THREE EMPLOYERS, S	TARTIN	G WITH L	AST ONE FIRST). List periods	of un	employment.		
DATE MONTH AND YEAR	NAME AND	ADDRESS OF EMPLOYER		SALARY	POSITION		REASON FOR LEAVING		
FROM									
то									
FROM									
ТО									
FROM									
ТО									
FROM									
ТО									
WHICH OF THESE JOE	BS DID YOU LIKE I	BEST?							
WHAT DID YOU LIKE N	MOST ABOUT THIS	S JOB?							
REFERENCES: GIV	VE THE NAMES O	F THREE PERSONS NOT RELATE	ED TO Y	OU, WHO	M YOU HAVE KNOWN AT LEA	AST C	ONE YEAR.		
NAME		ADDRESS		BUSINESS		$\overline{}$	YEARS ACQUAINTED		
1									
2									
3									
In case of emergency notify									
Houry	NAME	ADD	DRESS	ESS PHONE NO.					
MAY CONTINUE. IF EM CIATES. THESE MAY II I CERTIFY THAT THE F STAND THAT, IF EMPLI I AUTHORIZE INVESTI INFORMATION CONCE FROM ALL LIABILITY F I UNDERSTAND AND A MENT OF MY WAGES	MPLOYED, I UNDE NCLUDE BUT ARE FACTS CONTAINEI OYED, FALSIFIED GATION OF ALL S' ERNING MY PREV OR ANY DAMAGE GREE THAT, IF HI AND SALARY, BE	IENT DRUG TEST MUST BE SUCK RSTAND THAT I WILL BE SUBJECT NOT LIMITED TO FOR CAUSE TO D IN THIS APPLICATION ARE TRU STATEMENTS ON THIS APPLICA TATEMENTS CONTAINED HEREIF IOUS EMPLOYMENT AND ANY PE THAT MAY RESULT FROM FURN RED, MY EMPLOYMENT IS FOR I TERMINATED AT ANY TIME WITH	ET TO DESTING JE AND TION S N AND TERTINE JISHING NO DEF	RUG/ALCONNICOMPLET HALL BE COMPLET HE REFENT INFORM SAME TO TRITTE PER PROPERTY TO THE PER PROPERTY AND THE PER PANDON TO THE PER PANDON T	OHOL POLICIES AND PRACTION TESTING AND ANNUAL TESMING TO THE BEST OF MY KNOWN BROUNDS FOR DISMISSAL. RENCES LISTED ABOVE TO COMMATION THEY MAY HAVE, AND YOU. RIOD AND MAY, REGARDLESS	ICES STING WLEI GIVE ID RE	AS ARE OTHER ASSO- à. DGE AND UNDER- YOU ANY AND ALL ELEASE ALL PARTIES		
DATE	Si								
		DO NOT WRITE	BELOW	THIS LIN					
INTERVIEWED BY					DATE				
REMARKS:									
NEATNESS		ABILIT	Υ						
HIRED: Yes No	POSITION	DEPT.							
SALARY/WAGE	DATE REPORTING TO WORK								
APPROVED: 1.		2.			3.				

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.