

**PERSONAL INFORMATION**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ LAST FIRST MIDDLE OR FEDERAL ID# \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ STREET CITY STATE \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_ STREET CITY STATE \_\_\_\_\_

PHONE NO. \_\_\_\_\_ HOW MET \_\_\_\_\_

RECRUITING AS: **AFFILIATE PUBLISHER** DATE YOU CAN START \_\_\_\_\_ INCOME DESIRED \_\_\_\_\_

ARE YOU EMPLOYED? \_\_\_\_\_ IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ DATE? \_\_\_\_\_ WHEN? \_\_\_\_\_

**EDUCATION**

	NAME AND LOCATION OF SCHOOL	* YEARS ATTENDED	* DATE GRADUATED	SUBJECTS STUDIED
GRAMMAR SCHOOL	_____	_____	_____	_____
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
TRADE BUSINESS OR CORRESPONDENCE SCHOOL	_____	_____	_____	_____

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? \_\_\_\_\_ READ \_\_\_\_\_ WRITE \_\_\_\_\_

U.S. MILITARY OR NAVAL SERVICE \_\_\_\_\_ RANK \_\_\_\_\_ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES \_\_\_\_\_

**SPECIAL QUESTIONS**

DO NOT ANSWER ANY OF THE QUESTION IN THIS FRAMED AREA UNLESS THE RECRUITER HAS CHECKED A BOX PRECEDING A QUESTION THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION OR DICTATED BY NATIONAL SECURITY LAWS OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

HEIGHT \_\_\_\_\_ FEET \_\_\_\_\_ INCHES  CITIZEN OF US \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

WEIGHT \_\_\_\_\_ LBS.  DATE OF BIRTH \_\_\_\_\_

\_\_\_\_\_

## PHYSICAL RECORD

DO YOU HAVE ANY PHYSICAL DEFECTS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? \_\_\_\_\_

WERE YOU EVER INJURED? \_\_\_\_\_ GIVE DETAILS \_\_\_\_\_

HAVE YOU ANY DEFECTS IN HEARING? \_\_\_\_\_ IN VISION? \_\_\_\_\_ IN SPEECH? \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_ NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

## FORMER EMPLOYERS

LIST BELOW THE LAST FOUR EMPLOYERS STARTING WITH THE LAST ONE FIRST

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING	PHONE #
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

## BUSINESS REFERENCES

GIVE BELOW THE NAME OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	PHONE

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY REPRESENTATION IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY COMMISSIONS, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE EXPLAIN: \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DO NOT WRITE BELOW THIS LINE \_\_\_\_\_ DATE \_\_\_\_\_

## REMARKS

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

HIRED \_\_\_\_\_ FOR DEPT. \_\_\_\_\_ POSITION \_\_\_\_\_ WILL START \_\_\_\_\_ COMMISSION \_\_\_\_\_