Approved Equal Enterprises

205 South Arrowhead Ave., San Bernardino, CA 92408 Office: (909) 884-4447 Fax: (909) 884-4008

Employment Application

Personal Info	rmation					
Name						
Last	First		Middle			
Present Address_						
]	Number	Street		City	State	Zip
Social Security N	Tumber			Date of Birth:		
Telephone ()			Cell ()		
Position:			Reques	ted Salary:		
			State Is	sued D.L		
Expiration Date _						
Have you had an	y accidents in the p	ast three	years?		How r	nany?
	y moving violation		•	3 years?		nany?
Have you ever been convicted of crime?NoYes						
If yes, explain the number of convictions, nature of the offenses leading to convictions, how recently such offenses were committed, sentences imposed and types of rehabilitation.						
Education						
Type of School	Name of School	Loca	ation	Number of Complet		Major and Degree
III al. Cal. a al				•		

Type of School	Name of School	Location	Number of Yrs. Completed	Major and Degree
High School				
College				
Bus. or Trade				
Professional School				

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11 OIL LAPOITORE	Work	Expo	erienc	e
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Please list your work experience for **the past five years** beginning with your most recent job held. Attach additional sheets if necessary.

Name of EmployerAddress	
Phone NumberPosition/Title	
Employment Date From To	Pay or Salary
Job Description	
Reason for Leaving	
Name of EmployerAddress	
Phone NumberPosition/Title	
Employment Date From To	Pay or Salary
Job Description	
Reason for Leaving	

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Name of EmployerAddress	Name of Supervisor
Phone NumberPosition/Title	
Employment Date From To	Pay or Salary
Job Description	
Reason for Leaving	
Special Skills, Certificates, or Awards:	
References	
Please list two references other than relative	ves or previous employers.
NamePosition CompanyAddress	Name Position Company Address
Telephone ()	Telephone ()
that false information may be grounds for i	application is true and complete. I understand not hiring me or for immediate termination of um hired. I authorize the verification of any or