

# Could Your Forms Be Used Against You In Court ?

## Application for Employment

### PERSONAL INFORMATION

NAME \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
 PHONE \_\_\_\_\_  
 SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_  
 ARE YOU EMPLOYED NOW? YES  NO  IF SO MAY WE CONTACT YOUR PRESENT  
 EMPLOYER? YES  NO   
 WHERE HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES  NO   
 WHERE HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES  NO  WHEN \_\_\_\_\_

### EDUCATION

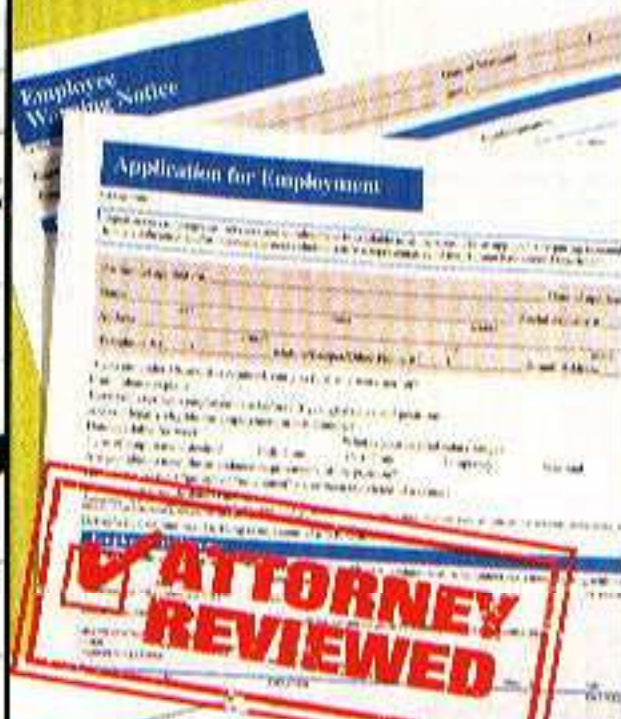
SCHOOL	NAME AND LOCATION	YEAR GRADUATED
GRAMMAR SCHOOL		
HIGH SCHOOL		
COLLEGE		

PLEASE INDICATE ANY OF THE FOLLOWING HEALTH PROBLEMS BELOW:

HEART PROBLEM YES  NO  BLOOD PRESSURE YES  NO   
 BACK PAIN YES  NO  OTHER \_\_\_\_\_  
 DIABETES YES  NO   
 GENERAL \_\_\_\_\_  
 SPECIAL SKILLS \_\_\_\_\_  
 SPECIAL TRAINING \_\_\_\_\_  
 LANGUAGE SPOKEN \_\_\_\_\_

**Every G. Neil Form Is:**

- ✓ Attorney Reviewed
- ✓ Accurate & Complete
- ✓ 100% Guaranteed



**forms**  
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**800-999-9111**