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| Applicant Name (print) First | Middle | Last | Social S | Security No. |
| *Current Address | | Pho | ne () | · · · · · |
| Street | City State | Zip Code | | |
| *If at the above residence less than thre | e years, list below all residences fo | r the past three years. | Attach a separate sh | eet if necessary. |
| Street | | City | State | Zip Cod |
| Street | . • | City | State | Zip Cod |
| Position applying for | | Temporary F | Part Time | Full Time |
| Who referred you? | <u> </u> | Rate of pay ex | kpected? | |
| Have you worked for this company befor | re? Dates: | rom month/year | To month/y | ear |
| Where? | Rate of Pay | Positi | on | |
| Reason for leaving | | | | |
| Names of any relatives employed by this | s company | | | |
| Are you currently employed? | If not, how long since leaving | last employment? | | |
| | EDUCATION | | | |
| Circle highest grade completed: 1 2 | 3 4 5 6 7 8 9 10 11 12 | College: | 1 2 3 4 | |
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This form is made available with the understanding that J. J. Keller & Associates, Inc.® is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, inc.® assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

Have you ever worked for this company under another name? _____ If so, under what name? _____

| Drivers | State License No. | | Vo. | Class | | Endorsement(s) | | Exp | Expiration Date | |
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CLERICAL EXPERIENCE & QUALIFICATIONS List courses and training in office work ___ Indicate training and Formal Training Formal Training Years of Years of experience in the following: Experience Experience (Check) Area (Check) Typing (wpm) Dictating Machine Shorthand (wpm) Bookkeeping Machine Switchboard Equipment Billing (indicate type) Filing Computers (indicate Software) Tabulator Word Processing Equipment Accounting Key Punch OS & D Calculator Interline Adding Machine Claims Telecopier Cashier Photocopier Dispatcher Rates (indicate tariffs with which you have worked) PLATFORM EXPERIENCE & QUALIFICATIONS List types of platform experience and number of years of each _____ List platform equipment you can operate (lift truck, etc.) List courses or training in platform work _____ APPLICANT MUST READ AND SIGN This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. Applicant's Signature FOR OFFICE USE-DO NOT WRITE IN THIS SPACE **PROCESS RECORD** Applicant Hired? Yes No Date of Birth: _____ (month/day/year)* Point Employed: Date Employed: _____ Department: Classification: (If not hired, summary report of reasons should be placed in file) Phone: (____)____ IN CASE OF EMERGENCY NOTIFY: _____ Address: _ THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE Superior Good Fair Below Average Poor Written Record on File 1. Application 2. Interview 3. Physical Exam* 4. Past Employment 5. Written Exam 6. Road Test 7. Policy and Traffic Record *driver applicants only Signature of Interviewing Officer: ____ **TRANSFERS** From:______ To: _____ From: ______ To: _____ Date: _____ Date: ____ Reason for Transfer: _____ Reason for Transfer: _____ TERMINATION OF EMPLOYMENT Date Terminated: _____ Department Release From: _____ Dismissed: _____ Other: _____

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Termination Report Placed in File: ______ Supervisor: _____

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