



APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Desired Salary			
Position Applied for					
Are you a citizen of the United States?		YES	NO	If no, are you authorized to work in the U.S.? YES NO	
Have you ever worked for this company?		YES	NO	If so, when?	
How did you hear about this job opening?					

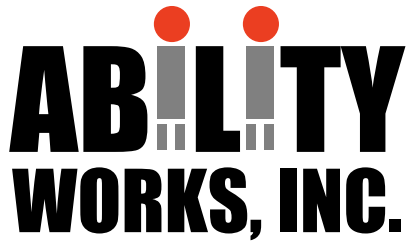
EDUCATION

High School		Address			
From	To	Did you graduate? YES NO		Degree	
College		Address			
From	To	Did you graduate? YES NO		Degree	
Other		Address			
From	To	Did you graduate? YES NO		Degree	

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			



PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. Print, fill out and fax this form to 419-621-1780, or mail to Ability Works, Inc., One Superior St., Sandusky, OH 44870, or email to cwise@ability-works.com.

Signature	Date
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