

| Applicant Information   |         |                 |                                  |                          |                         |               |
|---|---------|-----------------|----------------------------------|--------------------------|-------------------------|---------------|
| Name:   |         |                 | Phone:                           |                          | Email:                  |               |
| Date of Birth:  |         | Place of Birth: |                                  | Nationality:             |                         | Sex:          |
| Height:   |         | Weight:         |                                  |                          |                         |               |
| SSN / Passport:   |         |                 | Drivers license:                 |                          | Marital Status:         |               |
| Permanent address:  |         |                 | City:                            |                          | State:                  |               |
| ZIP Code:   |         |                 |                                  |                          |                         |               |
| Own   | Rent    | (Please circle) |                                  | Monthly payment or rent: |                         | How long?     |
| Previous address:   |         |                 | City:                            |                          | State:                  |               |
| ZIP Code:   |         |                 |                                  |                          |                         |               |
| Own   | Rent    | (Please circle) |                                  | Monthly payment or rent: |                         | How long?     |
| Employment Information  |         |                 |                                  |                          |                         |               |
| Current employer:   |         |                 | Type of business:                |                          | How long?               |               |
| Employer address:   |         |                 | City:                            |                          | State:                  |               |
| ZIP Code:   |         |                 |                                  |                          |                         |               |
| Position / Title:   |         |                 | Annual income (Hourly / Salary): |                          | Did you enjoy the work? |               |
| Supervisor:   |         |                 | Phone:                           |                          | E-mail:                 |               |
| Reason for leaving:   |         |                 |                                  |                          |                         |               |
| Description of your duties:   |         |                 |                                  |                          |                         |               |
| Previous Employment   |         |                 |                                  |                          |                         |               |
| Previous employer:  |         |                 | Type of business:                |                          | How long?               |               |
| Employer address:   |         |                 | City:                            |                          | State:                  |               |
| ZIP Code:   |         |                 |                                  |                          |                         |               |
| Position / Title:   |         |                 | Annual income (Hourly / Salary): |                          | Did you enjoy the work? |               |
| Supervisor:   |         |                 | Phone:                           |                          | E-mail:                 |               |
| Reason for leaving:   |         |                 |                                  |                          |                         |               |
| Description of your duties:   |         |                 |                                  |                          |                         |               |
| Education Information   |         |                 |                                  |                          |                         |               |
| Name:   |         |                 |                                  |                          | Dates attended:         |               |
| Degree:   |         |                 |                                  |                          | Specialization:         |               |
| Emergency Contact   |         |                 |                                  |                          |                         |               |
| Name of a person not residing with you:   |         |                 |                                  |                          |                         |               |
| Address:  |         |                 |                                  |                          |                         |               |
| City:   |         | State:          |                                  | ZIP Code:                |                         | Phone:        |
| Relationship:   |         |                 |                                  |                          |                         |               |
| Skills / Language   |         |                 |                                  |                          |                         |               |
|   |         |                 |                                  |                          |                         |               |
| References  |         |                 |                                  |                          |                         |               |
| Name  |         | Relationship    |                                  | Address                  |                         | Phone / Email |
|   |         |                 |                                  |                          |                         |               |
|   |         |                 |                                  |                          |                         |               |
|   |         |                 |                                  |                          |                         |               |
| Useful Background Information   |         |                 |                                  |                          |                         |               |
|   |         |                 |                                  |                          |                         |               |
| Availability  |         |                 |                                  |                          |                         |               |
| Monday  | Tuesday | Wednesday       | Thursday                         | Friday                   | Saturday                | Sunday        |
|   |         |                 |                                  |                          |                         |               |
| Other Schedule Restrictions:  |         |                 |                                  |                          |                         |               |
| <p align="center"><i>I authorize the verification of the information provided on this form.</i></p> |         |                 |                                  |                          |                         |               |
| Signature of applicant:   |         |                 |                                  |                          | Date:                   |               |