PERSONAL HISTORY STATEMENT

Α.		DENTIFICATION provided in this se	ction is used for ide	ntification pur	poses only)	
1.	NAME: Last		First		Middle	_
2.	ADDRESS:St	reet				_
	Ci	ty	State		Zip Code	
3.	TELEPHONE:	Home		Cell		
4,	DATE OF BIR	TH: Month	Day		Year	*********
5.	OTHER NAME	ES YOU HAVE BE	EN KNOWN BY (NICI	KNAMES, MAI	DEN NAME):	
6.	PLACE OF BI	RTH:		State	County	
7.	ARE YOU A U	I.S. CITIZEN?	YES	NO		
8. 9.	DRIVER'S LIC	ENSE NUMBER:				***************************************
			Expiration Date		State of Issue	
10.	HEIGHT:		WEIGHT: _			
11.	COLOR OF E	YES:	COL	OR OF HAIR:		************
12.	SCARS, TATT	OOS, OR OTHER	DISTINGUISHING M			***************************************
В.					e past ten (10) years, begini extra page if necessary.	ning with
-	FROM	то			ADDRESS	·
-						
_						
_						
-		······	·			

held for the past 10 (ten) years, including part-time, temporary, or seasonal employment. Include all periods of unemployment. Attach extra pages, if necessary.					
1. Company:					
Address:					
Job Title:					
Responsibilities:					
From: To; Reason for Leaving: YES	NO				
May we contact your previous supervisor for a reference?	П				
2. Company:	Phone: ()				
Address:	Supervisor:				
Job Title:					
Responsibilities:					
YES	NO				
May we contact your previous supervisor for a reference?					
3. Company:					
The state of the s	Phone: ()				
Address:					
Address: Job Title:	Supervisor:				
Address:	Supervisor:				
Address: Job Title: Responsibilities:	Supervisor:				
Address: Job Title: Responsibilities: From: To: Reason for Leaving: YES	Supervisor:				
Address: Job Title: Responsibilities: From: To: Reason for Leaving:	Supervisor: NO				
Address: Job Title: Responsibilities: From: To: Reason for Leaving: YES May we contact your previous supervisor for a reference?	Supervisor: NO				
Address: Job Title: Responsibilities: From: To: Reason for Leaving: YES May we contact your previous supervisor for a reference? White the second se	NO NO Phone: ()				
Address: Job Title: Responsibilities: From: To: Reason for Leaving: YES May we contact your previous supervisor for a reference? WHES WHES HOW TO A COMPANY: Address: Job Title:	NO Phone: () Supervisor:				
Address: Job Title: Responsibilities: From: To: Reason for Leaving: YES May we contact your previous supervisor for a reference? WHENTER STATES ADDRESS: Lob Title:	NO Phone: () Supervisor:				
Address: Job Title: Responsibilities: From: To: Reason for Leaving: YES May we contact your previous supervisor for a reference? WHES WHES HOW TO A COMPANY: Address: Job Title:	NO Phone: () Supervisor:				

EXPERIENCE AND EMPLOYMENT – Beginning with your present or most recent job, list all employment

C.

5. Company:			Phone:	()
Address:			Supervisor:		
Job Title:			V-1 888/1/ ANN 281//ANN 281/		,,
Responsibilities:			ALVINA-11110-00-00-00-00-00-00-00-00-00-00-00-	AND	
From:	To:	Reason for Leaving:			
May we contact your pre	evious supervisor for a	YES i reference?	NO	*************	******************************
		***************************************)
loh Titlo:					
- 7 NOV					
·					
From:	To:	Reason for Leaving:	ak:		
May we contact your pre		YES	NO []		
\$\$0\$2538628868888888888888888888888888888888	***************	*************	*****************	*********	***************
7. Company:			Phone:		
Address:			Supervisor:		
Job Title:					
Responsibilities:					
					N. B. C.
From:	То:	Reason for Leaving:			
May we contact your pre	evious supervisor for a	YES Teference?	NO		
*************************	**********************	*****************	******************	XXXXXXXXXXX	*****************************
8. Company:			Phone:)
Address:			Supervisor:	<u> </u>	
Job Title:					
Responsibilities:					
	·····				
From:	То:	Reason for Leaving:			AND THE RESIDENCE OF THE PARTY
May we contact your pre	evious supervisor for a	YES reference?	NO		

MILITARY HISTO	DRY				
HAVE YOU SER	VED IN THE U.S. ARME	ED FORCES?	YES		NO
DATES OF SERV	/ICE: FROM		TO		
BRANCH OF SE	RVICE:				
UNIT DESIGNAT	ION:				
MILITARY SERV	ICE NUMBER:				
HIGHEST RANK	HELD:				
TYPE OF DISCH	ARGE:				
			RY SERVICE (INCLUD ISHMENT, ETC)?		NO
CHARGE	AGENCY	DATE	AGE AT TIME	DISPOSITION	
***************************************	hts/drawn-season-season-season-season-season-season-season-season-season-season-season-season-season-season-se				
IE VOU DECENT	ED A DICCUADOS OTU	ED TUAN HOM		ETE DETAIL C.	
IF TOU RECEIVE	ED A DISCHARGE OTH	ER THAN HUNG	ORABLE, GIVE COMPL	ETE DETAILS.	

 EDUCATIONAL HISTORY	en delle statione delle service delle service de la service de service delle service d	17 And h 14 Machidologia h d'hadduna adadh a hacann		*****	- No. of the Control	
HIGH SCHOOL:						
			DATES A	TTENDED	GRADI	JATED
NAME ADDRE	SS		FROM			NO

COLLEGE:						
(a) NAME OF COLLEGE OR UNI	VERSITY A	TTENDED			.,	
ADDRESS:						
DATES ATTENDED: FROM				О		
CREDIT HOURS EARNED:	M	AJOR/MII	NOR:			
DEGREE RECEIVED, IF ANY:	-			DATE: _		
ADDRESS: DATES ATTENDED: FROM _						
CREDIT HOURS EARNED: _		//AJOR/M	INOR:			
DEGREE RECEIVED, IF ANY	•			DATE:		
(c) NAME OF COLLEGE OR UNI	VERSITY A	TTENDED	:			
DATES ATTENDED: FROM _			Т	О		
CREDIT HOURS EARNED: _	N	VIAJOR/M	INOR:			,
DEGREE RECEIVED, IF ANY	***************************************			DATE:		
LIST OTHER SCHOOLS ATTENE AND ADDRESS OF THE SCHOO		TTENDE				

SPECIAL QUALIFICA	ATIONS AND SKILLS			
LIST ANY SPECIAL I	LICENSES YOU HOLE NSING AUTHORITY, (O (SUCH AS PILOT, F ORIGINAL DATE OF	RADIO OPERATOR, SCUB ISSUE, AND DATE OF EXI	A, ETC.). PIRATION:
LIST ANY SPECIAL IZ	ZED MACHINERY OR	EOI IIDMENT THAT Y	VOLL CAN OPERATE:	
LIOT ANY OF LOTALIZ				
IF YOU ARE FLUENT	IN A FOREIGN LANG	GUAGE. INDICATE IN	I EACH AREA YOUR DEG	REE OF
IF YOU ARE FLUENT FLUENCY (EXCELLE		GUAGE, INDICATE IN	I EACH AREA YOUR DEG	REE OF
		GUAGE, INDICATE IN	I EACH AREA YOUR DEG UNDERSTANDING	
FLUENCY (EXCELLE	ENT, GOOD, FAIR):	·		
FLUENCY (EXCELLE	ENT, GOOD, FAIR):	·		
FLUENCY (EXCELLE	ENT, GOOD, FAIR):	·		WRITING
LANGUAGE	READING	SPEAKING		
LANGUAGE	READING	SPEAKING	UNDERSTANDING	
LANGUAGE	READING	SPEAKING	UNDERSTANDING	

G.	<u>LEGAL</u>							
1.	HAVE YOU EVER BEE	HAVE YOU EVER BEEN CONVICTED, ARRESTED, DETAINED BY POLICE, OR SUMMONSED INTO COURT? YES NO						
	IF YES, COMPLETE T	HE FOLLOWING (LIST JUV	ENILE AS WELL AS AC	OULT OCCURRENCES):				
	CRIME CHARGED	POLICE AGENCY CITY/STATE	DATE	DISPOSITION OF CASE				
Н.	MOTOR VEHICLE OP	ERATION		and the beautiful to the person of the perso				
1.		LICENSE EVER BEEN SUS		D? YES NO				
2.	WITH WHAT COMPAN	IY DO YOU CARRY AUTO I	NSURANCE?					
3.	TO THE BEST OF YOUR MEMORY, LIST ALL DRIVING CITATIONS YOU HAVE RECEIVED AS AN ADULT OR JUVENILE, EXCLUDING PARKING TICKETS:							
	MONTH & YEAR	CHARGE	CITY/STATE	DISPOSITION				
4.		F NARRATIVE ANY TRAFFI E DATES AND LOCATIONS		CH YOU HAVE BEEN INVOLVED,				

I.	RELATIVES, REFERENCE	CES, ACQUAINTAN	ICES_		
1.	MARITAL STATUS: SINGLE	MARRIED	SEPARATED _	DIVORCED _	WIDOWED
2.	IF MARRIED:				
	DATE OF MARRIAGE:	CIT	TY AND STATE: _		
	SPOUSE'S NAME (WIFE	'S MAIDEN NAME)			
3.	IF EVER SEPARATED, I				
	DATE OF MARRIAGE:	сп	TY AND STATE: _		
	SPOUSE'S NAME (WIFE				
	PRESENT ADDRESS:				
	TELEPHONE NUMBER:				
	SEPARATED		DIVORCE		ANNULLED
	DATE OR ORDER OR D				
	COURT AND STATE WH				
1.	LIST ALL CHILDREN RE AND FOSTER CHILDRE	LATED TO YOU O			
	NAME	RELATION	DATE OF BIRTH	ADDRESS	SUPPORTED BY WHOM
5.	LIST ALL OTHER DEPE NAME				
6.	LIST OTHER RELATIVE NAME	S (IF DECEASED, F	PLEASE INDICATE		N AGE

J. REFERENCES OR ACQUAINTANCES – LIST FIVE (5) PERSONS WHO YOU KNOW WELL ENOUGH TO PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST RELATIVES OR FORMER EMPLOYERS.

(1) Full Name: Relationship:

(1) Full Name:	Relationship:	
Business	Years	
Address:	Known:	
Business		
Phone:	Home phone:	~~~~~~~~~~
***************************************		22222222222
(2) Full Name:	Relationship:	:
Business	Years	
Address:	Known:	
Address.	TAI IO VVI I.	
Business		
	Hame phone:	
200000000000000000000000000000000000000	Home phone:	\$\$\$\$\$\$\$\$\$\$\$\$
(3) Full Name:	Relationship:	***********
Business	Years	
Address:	Known:	
AND THE PROPERTY OF THE PROPER		
Business		
Phone:	Home phone:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
**************	:XXxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	XXXXXXXXXXX
(4) Full Name:	Relationship:	
Business	Years	
Address:	Known:	
1.00.000	(1/1/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4	
Business		
Phone:	Home phone:	
*******************************	**************************************	*****
(5) Full Name:	Relationship:	
Business	Years	
Address:	Known	
while of M assumed blummark annufact which they be became wherefor MM broads I menter		
Business		
Phone:	Home phone:	

K.	FINANCIAL HIS	TORY		1 to A down of a to			
	SOURCES OF I	NCOME					
1.	WHAT IS YOUR	PRESE	ENT SALARY OR	WAGE?			
2.	DO YOU HAVE	INCOM	E FROM ANY SOU	JRCE OTHER THA		PAL OCCUPA	ATION?
	IF YES, HOW M	UCH?					
	LIST THE SOU	RCE:					
3.			AL ESTATE?				
4.	DO YOU OWN	ANY BO	NDS, GOVERNMI	ENT OR OTHER?	YES	NO VA	LUE: \$
5.	DO YOU OWN	ANY CO	RPORATE STOC	K?YE	NONO	VALUE: \$_	
6.	DO YOU HAVE	A BAN	CACCOUNT?	YES	NO		
	SAVINGS:	AVER	AGE BALANCE:	\$			
		BANK	NAME:				
		BANK	ADDRESS:	····			
	CHECKING:	AVER	AGE BALANCE:	\$			
		BANK	NAME:				
	BANK ADDRESS:						
7.	OTHERS TO W MORTGAGES,	HOM YO	DNS: LIST NAME DU ARE INDEBTE E PAYMENTS, CI ER ANY DEBTS A	D, AND THE EXTI	ES OF THE INDIVENT OF YOUR DETS, CREDIT CARI	BT. INCLUE DS, LOANS, (DE RENT, CHILD SUPPORT
ТҮРЕ	NAME CREDIT		ADDRESS OF CREDITOR	REASON FOR DEBT OR ITEM PURCHASED	ACCOUNT NUMBER	TOTAL BALANCE	MONTHLY PAYMENTS
				100 market 200 market 100 market			
							

TYPE	NAME OF CREDITOR	ADDRESS OF CREDITOR	REASON FOR DEBT OR ITEM PURCHASED	ACCOUNT NUMBER	TOTAL BALANCE	MONTHLY PAYMENTS
				A A A A A A A A A A A A A A A A A A A		
					TOTAL	

SIGNATURE OF APPLICANT (IN FULL)	DATE COMPLETED
GROUNDS FOR IMMEDIATE REJECTION OR TERMINATION	ON OF EMPLOYMENT.
	AN OF FRED OVERTHE
AWARE THAT ANY SUCH MISREPRESENTATIONS, OMIS	SIONS, OR FALSIFICATIONS WILL BE
FALSIFICATIONS IN THE FOREGOING STATEMENTS AND	ANSWERS TO QUESTIONS. I AM FULLY
THEREBY CERTIFY THAT THERE ARE NO WILLFUL WISH	EPRESENTATIONS, OWISSIONS, OR