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J.S. MILITARY OR PRESENT MEMBERSHIP IN NATIONAL								
NAVAL SERVICE RANK GUARD OR RESERVES							IN NATIONAL	

FORMER EMPLOYER	<b>RS (</b> LIST BELOW LAST FO	UR EMPLOYERS, STAR	TING WITH LAS	T ONE FIRST)					
DATE MONTH AND YEAR	NAME AND ADDRI	ESS OF EMPLOYER	SALARY	POSITION	REASO	DN FOR LEAVING			
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REFERENCES: GIVE T	HE NAMES OF THREE PERS	SONS NOT RELATED TO	YOU, WHOM YO	U HAVE KNOWN AT LEAST	ONE YEAR.				
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1									
2									
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PHYSICAL RECORD:					overproper D v	50			
DO YOU HAVE ANY PHYSIC	CAL LIMITATIONS THAT PREC	LUDE YOU FROM PERFORM	IING ANY WORK I	FOR WHICH YOU ARE BEING C	ONSIDERED? L Y	ES NO			
PLEASE DESCRIBE:									
IN CASE OF EMERGENCY NOTIFY									
	NAME		ADD	RESS		PHONE NO.			
	ACTS CONTAINED IN THIS A			TO THE BEST OF MY KNOW MISSAL.	WLEDGE AND UND	PERSTAND THAT, IF			
CONCERNING MY. PREV		NY PERTINENT INFORM	ATION THEY MA	NCES LISTED ABOVE TO GI Y HAVE, PERSONAL OR OTI DU.					
	REE THAT, IF HIRED, MY EN NATED AT ANY TIME WITHO			D AND MAY, REGARDLESS	OF THE DATE OF I	PAYMENT OF MY WAGES			
DATE	SIGNATURE								
		DO NOT WRITI	E BELOW TH	IS LINE					
INTERVIEWED BY					DATE				
HIRED:□ YES □ NO	P	OSITION		DEPT.					
SALARY/WAGE	LARYWAGE DATE REPORTING TO WORK								
APPROVED: 1.		2.		3.					

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any Questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.

DEPT. HEAD

GENERAL MANAGER

EMPLOYMENT MANAGER

## RELEASE OF MOTOR VEHICLE RECORDS

## (AUTORIZACION PARA OBTENER EL RECORD DE VEHICULOS DE MOTOR)

By my signature below, I Acknowledge that I have been informed, by the management of Harris County F.W.S.D. No. 61, that they will obtain copies of my Motor Vehicle Records from any state wherein I am or have been a licensed driver at any time.

Con mi firma abajo, acepto que he sido infarmado por los directores de Harris County F.W.S.D. No. 61, que ellos oblendran copias de mis archivos de vehiculos de motor de cualquier estado en el cual aiga tenido o lenga lisencia de manejo en cualquier tiempo.

I further acknowledge that I have been informed that these records will be used to determine my eligibility for employment, either to be hired or to continue employment, by Harris County F. W.S.D. No. 61.

Aun mas aceplo que he sido informada que estos records seran usados para determinar mi elijivilidad para ser empleado, ya sea! para ser o cupado o continuar trabajundo para Harris Comtty F. W.S.D. No. 61.

Any information contained in this Motor Vehicle Record may be revealed to any person or persons that may have good cause to need this information.

Cualquier informacion contenida en este record do vehiculo de motor, podra ser rebelada a cualquier persona o personas que tegan causa o buena razon para recibir esta informacion.

Management of Harris County F.W.S.D. No. 61, will have sole authority without recourse to determine the acceptability of any information contained in my Motor Vehicle Record.

Los Direstores de Harris County F. W.S.D. No. 61, tendran completa autoridad y sin ningun recurso a determinar informacion acceptable contenidu en mi archivo de vehiculo de motor.

I have been given an opportunity to ask questions, and have received clarification and fully understand the implication of this authorization.

Completion of the form does not constitute automatic coverage, please review your policy coverage and conditions relating to

Se me ha dado la oportunidad de acer preguntas y he recibido clarification y entiendo completamente las implicacionis de esta autorizacion.

Harris County F.W.S.D. No. 61, has no liability for any action taken due to information contained on said Motor Vehicle Record should such information be in error.

Harris County F.W.S.D. No.61 . no es responsible por ninguna acion tomada en base a la informacion contenida en mi archivo de vehiculo de motor, si alguna de esa informacion esta en error.

 Date:(Fecha)
 Social Security Number (Numero de seguro social)

 Date of Birth:
 Texas Drivers License No.:

 Employee Signature (Firma del Empleado)
 Print Name (Nombre en letra de molde)

Signature of Employer's Representative (Firma del representante del empleador)

covered drivers.