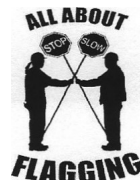


ALL ABOUT FLAGGING LLC

Employment Application



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 <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Do you have a valid Driver's License?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so,	Expiration Date?					
Emergency Contact: Name				Relationship				Phone			
EDUCATION											
High School			Address								
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College			Address								
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other			Address								
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
REFERENCES											
<i>Please list three professional references.</i>											
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			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

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.

Signature	Date
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