

9860 Big Bend • St. Louis, Missouri 63122 314-966-9988 • Fax: 314-966-4929 Toll Free 888-845-5637

> Julius Krisanic: krisanic@aol.com www.wsdepot.com

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, disability or national origin.

Date /	/			D	ate of Birtl	h	1	/				
Employment Desired												
Position		Date You Can	Start Sa	lary Desired	1	Type of E Full-Time Part-Time						
Are you employed now? YES NO If so may we contact your present employer? YES NO												
Have you ever	Where?			When?								
Personal Information												
Last Name		First Nam	ne		Middle N	Name						
Address (Number, Street, City, State, Zip Code)												
Social Security	y Number	Home Te	ephone Nu	ımber	Referred	d By						
Education												
High School Attended and Location				No. of Years	Completed	Did You (Graduate? NO □					
College Attended and Location				No. of Years	Completed	Did You	Graduate? NO □	Deg	ree			
Trade, Business, correspondence School Attended and Location				No. of Years	Completed	Did You	Graduate? NO □					
General												
Special Courses	s or Training	g: 										
Experience/Skills Related to the Position for Which You Are Applying:												
Office/	Secretai	rial Applicat	ions									
Skill/Aptitude	Years	Years of Experience Words Pe			Minute Software U		Jsed (Word Processing)					
Typing												
Shorthand												
Word Processin	ng											
List secretarial training courses completed and any other training that may be helpful in considering your application:												

Name of Emplo	<u>, </u>	· _	Address (Number, Street, City, State, Zip Code)							
Phone	Type of Busines	Department		Your Position		١				
Duties										
Name and Pos	ition of Immediate Sup	pervisor								
Date Employed (Day, Month, Year)		Date Left (Day, Month, Year)		Starting Sala	ry	Final Salary				
Reason for Lea	aving									
Name of Emplo	oyer	Address (Nun	nber, Street, City,	State, Zip Code	e)					
Phone	Phone Type of Business		Department		Your Position					
Duties										
Name and Pos	ition of Immediate Sup	pervisor								
Date Employed (Day, Month, Year)		Date Left (Day, Month, Year)		Starting Sala	ry	Final Salary				
Reason for Lea	aving									
Name of Emplo	oyer	Address (Num	nber, Street, City,	State, Zip Code	e)					
Phone	Type of Busines	SS S	B Department		Your Position	۱				
Duties										
Name and Pos	ition of Immediate Sup	pervisor								
Date Employed (Day, Month, Year)		Date Left (Day, Month, Year)		Starting Salary		Final Salary				
Reason for Lea	aving									
State any addit	tional information you	feel may be helpf	ful to us in conside	ering your applic	cation:					
Other Name of Emplo			nce not listed abo nber, Street, City,			vhich you are applying)				
Phone	Type of Busines	Department		Your Positio		n				
Duties										
Name and Pos	ition of Immediate Sup	pervisor								
Date Employed (Day, Month, Year)		Date Left (Day, Month, Year)		Starting Salary		Final Salary				
Reason for Lea	aving									
I certify that t	the information pro	vided is true ar	nd correct.	Signature_						