## The Blade

## 541 N. Superior St., Toledo, OH 43660 AN EQUAL OPPORTUNITY EMPLOYER

		FORM IS A NOTICE O TED FOR AN INTERVIE				
DATE						
NAME		(First) (M	/iddle Initial)	SECURITY NO		
ADDRESS	(Street)		(City)	(State)	(Zip Code)	
PHONE				Are you under 1	18?	
POSITION(S) DESIRED	)					
Type of Employment:	Full-time	e 🗌 Part-time 🗌 Tem	porary 🗌 If part-ti	me, list hours availa	able	
Do you have adequate	e transpor	tation to and from work	</td <td></td> <td></td>			
	-					
Do you have any relatives currently employed by The Blade?				☐ Yes ☐ No		
5		onship:				
		onsnip				
EDUCATIONAL RECO	RD					
TYPE OF SCHOOL NAME AND ADD		AME AND ADDRESS	HOW MANY YEARS ATTENDED	GRADUATED		
HIGH SCHOOL	IN/	AIVIE AIND ADDRESS	YEARS ATTENDED	GRADUATED	COURSE OR MAJOR	
COLLEGE						
POST GRADUATE						
BUSINESS OR TRADE						
OTHER						
		AST EMPLOYMENT BEGI				
DATES		ST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT NAME AND ADDRESS OF EMPLOYER			REASON FOR LEAVING	
					_	
Give general descriptior	n of the wo	rk you did.				
DATES		NAME AND ADDRESS OF EMPLOYER		REASON FOR LEAVING		
					-	
Give general description	n of the wo	rk you did.				
DATES		NAME AND ADDRESS OF EMPLOYER			REASON FOR LEAVING	
					-1	
<u> </u>						
Give general descriptior	n of the wo	rk you did.				

I certify the above information is correct and truthful.