PERSONAL INFORM	ATION								
Name(Last) (First) (Middle)				Social Security Number					
Home Address		City		State		Zip			
Phone Number(Best way to	reach you)		If you are und	ler 18 years of	age, please				
	state your dat	ate of birth:							
( )				lo , , , , ,					
Position Applying For:		Days Available (check all that apply)							
Salary Desired \$/H		Sunday Monday Tuesday Wednesday							
Date Available: Are you interested in (check all that apply):									
Full-Time Part-Time Temporary Seasonal				Thursday Friday Saturday					
How were you referred to Fo						,			
PERSON TO CONTACT IN	CASE OF EM	ERGENCY:							
Name Phone Number									
			( )						
EDUCATION									
Type of School	Name ar	nd Location o	f School	Degree/Ar	ea of Study	'ears Attende	Graduated		
High School							Yes No		
College							Yes No		
Graduate School							Yes No		
Other							Yes No		
U.S. MILITARY SERV	ICE								
Branch of Service		Techi	nical Speciali	zation	ation		Rank Attained		
LEGAL									
Are you a United States Citi	zen? Yes	No							
If no, are you authorized by	•								
(Identity and employment el	igibility of all ne	ew hires will be	e verified as re	equired by the	Immigration R	eform and Con	trol Act of 1986.)		
Were you ever discharged b	y any compan	y? Yes _	No If yes,	give name of	company(ies)				
Reason for discharge?									
Have you ever been convict	ed of a crime o	other than a m	inor traffic viol	ation? Yes	s No				
If yes, please explain offens	e and final disp	position:							

<b>EMPLOYN</b>	MENT HISTORY					
List employm	nent starting with your most <b>recent</b> position	n. Account for any	time during thi	is period th	at you were ur	nemployed by
stating the na	ature of your activities. May we contact yo	ur present employe	er? Yes _	No <i>P</i> a	st Employer?	Yes No
Dates	Name/Address/Phone Number of Employer	Position Held and Supervisor		alary and Wages	List Major Duties	Reason for Leaving
From: /	Name:	Your Job Title:		arting:		
Mo. Yr.	Address:	1				
То:		Supervisor:	Fir	nal:		
/ Mo. Yr.	Phone:					
Dates	Name/Address/Phone Number of Employer	Position Held and Supervisor		alary and Wages	List Major Duties	Reason for Leaving
From: /	Name:	Your Job Title:		arting:		
Mo. Yr.	Address:	1				
To:		Supervisor:		nal:		
/ Mo. Yr.	Phone:					
Dates	Name/Address/Phone Number of Employer	Position Held and Supervisor		alary and Wages	List Major Duties	Reason for Leaving
From:	Name:	Your Job Title:		arting:		
Mo. Yr.	Address:					
То:		Supervisor:		nal:		
/ Mo. Yr.	Phone:					
REFEREN	ICES					
	erences: (Do not list relatives) (please indi			a different		1
Name:	Address:		ork Phone:		Title:	Years Known:
PLEASE F	READ CAREFULLY					

In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit record and/or criminal history. I authorize anyone possessing this information to furnish it to FMGC, LLC and/or a third party company hired by FMGC, LLC upon request and I release anyone so authorized, FMGC, LLC and such third party company from all liability and damages whatsoever in furnishing, obtaining, or using said information.

I understand that if I am made an 'offer of employment' by FMGC, LLC that offer may be made contingent on satisfactory results of a pre-employment drug screening.

I understand and agree that if employed, the employment will be 'at will'. That is, either I or FMGC, LLC may end the employment relationship at anytime, for any reason, or for no reason. I understand that receipt of this application by FMGC, LLC does not imply employment and that this application and/or any other FMGC, LLC document are not contracts of employment.