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REID ANSWER SHEET

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See Notice and Instructions in Booklet Before Proceeding Below

As indicated by my signature below, I consent to take this written questionnaire required of applicants for employment. I understand that the results of the questionnaire are confidential and will be provided only to the company that asked me to complete it. I also understand that untrue, faked or skipped answers may cause my application to be rejected.

Signature DAVID R. CLIFF

Date MONTH 0 9 DAY 0 8 YEAR 9 4

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SSN / SIN

1 2 3 4 5 6 7 8 9

Applicant's Last Name C L I F F

First Initial

Questions 1 to 60

1 Y N	9 Y N	17 Y N	24 1 2 3 4 5 6 7	34 1 2 3 4 5	42 1 2 3 4 5	50 Y N
2 Y N	10 Y N	18 Y N	25 1 2 3 4 5 6 7 8 9	35 1 2 3 4 5	43 1 2 3 4 5 6	51 Y N
3 Y N	11 Y N	19 Y N	26 1 2 3 4 5 6 7 8 9	36 1 2 3 4 5	44 1 2 3 4 5 6	
4 Y N	12 Y N	20 Y N	27 1 2 3 4 5 6 7 8 9	37 1 2 3 4 5	45 1 2 3 4 5 6 7	
5 Y N	13 Y N	21 Y N	28 1 2 3 4 5 6 7 8 9	38 1 2 3 4 5	46 1 2 3 4 5	
6 Y N	14 Y N	22 Y N	29 Y N	32 _____	39 1 2 3 4 5	47 1 2 3 4 5 6	
7 Y N	15 Y N	23 Y N	30 Y N	_____	40 1 2 3 4 5	48 1 2 3 4 5	
8 Y N	16 Y N		31 Y N	33 Y N	41 1 2 3 4 5	49 1 2 3 4 5	

For Office Use Only

Admin.'s Initials

Sending Fax Number

Local Phone Number

( )

R X

PIN No.

Job Code

Location No.

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ABB

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