EMPLOYER NAME: IVRI, Inc.		<b>-</b>		
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<b>Employment</b>	Applica	TION SOCIAL	SECURITY NUMBER	:
YOUR NAME:	· . · <b>- ·</b>			
Last	First		Middle	· ·
ADDRESS:		ARE YOU LEGALLY ELIG	BLE FOR EMPLOYME	ENT IN THE U.S.A.?
S. C.		Yes No	(If yes, verification will	l be required.)
		I AM SEEKING A PERMAI	NENT POSITION:	Yes
		IF NECESSARY FOR THE	JOB I AM ABLE TO:	• •
Are you able to perform the essential for	unctions	Work (which shifts)?	Select:	
of the position with or without accomm		Work overtime?	Select:	
Yes N	lo	Provide a valid Drive	s License?	Select:
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IF NECESSARY FOR THE JOB, ARE YOU (	•		181921_	<ul> <li>pripravitalis seguinalis</li> </ul>
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EDUCATION:		Yrs. Complete	d Field of Study	Graduate or Degree
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Business/Technical		<del></del>		
Othor Manufacture	•	]		
Other (May include grammar school)  MILITARY SERVICE: Yes  Duty/Specialized Training:	□ No		san jeuruhunga diser	
MILITARY SERVICE: Yes				
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