

Job Description:

Supervisor:

May we contact the above? Yes No

#2: Company Name:

Type of Business:

From: To:

Address:

Phone Number:

Job Description:

Supervisor:

May we contact the above? Yes No

Hours of Availability: Please state in relation to CST in the U.S.

From To

Days:

Evenings:

Nights:

List days you are not available:

Weekend Availability: From To

Saturday:

Sunday:

Available Holidays?

Personal References (No family members):

1. Name Yrs. Known

Phone Number:

E-mail address (if applicable):

2. Name: Yrs. Known

Phone Number:

E-mail address (if applicable):

Education:

High School Graduate? Yes No

GED? Yes No

College? Yes No Degree:

Trade School:

Course of Study:

Typing Speed (WPM):

Data Entry (KSPH):

List any special skills you have related to becoming a Home Contracted Vendor?

List Computer(s) and other Office Equipment you currently have:

Current ISP Connection: Dial-up: Cable: DSL:

Current Windows Application: 98 2000 XP ME
Vista

Signature:

Date:

(Electronic Typed Signature Accepted)

*** This is an electronic signature and is given in accordance with the U.S. Federal regulations (ESIGN Act) governing the legal and binding effectiveness of electronic signatures.**

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