

PLEASE PRINT/TYPE ALL
INFORMATION REQUESTED

Silver Lining Herbs Sales Application

PLEASE COMPLETE PAGES 1-3.

DATE _____

Name _____

Mailing Address _____
Number Street City State Zip

Shipping Address _____
Number Street City State Zip

Social Security No. _____ - _____ - _____

Telephone () _____ - _____ Cell () _____ - _____ Fax () _____ - _____

E-mail address _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ___ No ___ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Please list two references other than relatives.

Name _____

Name _____

Relationship _____

Relationship _____

Address _____

Address _____

Telephone () _____ - _____

Telephone () _____ - _____

How long have you used Silver Lining Products for? _____

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Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer _____
Address _____
Name of last supervisor _____
Employment dates _____
City, State, Zip Code _____
Phone number () _____ - _____
Your last job title _____
Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer _____
Address _____
Name of last supervisor _____
Employment dates _____
City, State, Zip Code _____
Phone number () _____ - _____
Your last job title _____
Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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