



Application for Employment

GENERAL INFORMATION

Name:							
Phone Number:			Email:				
Home Address: (No. & Street)			City:		State:		
Are you at least 18 yrs old? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, type of visa/work permit:			
Position Applying for:			Salary Desired:				
Type of Employment Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		How did you learn of the position opening?		<input type="checkbox"/> Walk In <input type="checkbox"/> Advertisement		<input type="checkbox"/> Job Service <input type="checkbox"/> Other	
Have you worked for our company Previously? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?	Do you have relatives currently employed with our company? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who?		
Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you available for evening shift, weekend and holiday work if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, specify which time you could not work.			
SENT/SSS has adopted a policy against hiring individuals who use tobacco. Do you use tobacco products?			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of a felony?			<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please explain date, location, and offense. <i>(A yes does not automatically disqualify you from employment. All circumstances will be considered.)</i>							

EDUCATION

High School:		Grades Completed:		<input type="checkbox"/> 9 <input type="checkbox"/> 10		City/State:	
				<input type="checkbox"/> 11 <input type="checkbox"/> 12			
Business/ Trade:		# Years Completed:				City/State:	
Major:							
College/University:		# Years Completed:				City/State:	
Degree:							
College/University:		# Years Completed:				City/State:	
Degree:							

EMPLOYMENT HISTORY

List the last five (5) positions you have held starting with your most current employment. If more space is needed to respond, please attach additional paper to the application for.

DO NOT WRITE "SEE RESUME." IF YOU HAVE A RESUME, YOU MAY ATTACH IT IN ADDITION TO COMPLETING THIS SECTION.

Date From	Date To	Employer Information <i>May we contact:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			Position Held/Duties
		Name:		Position: Duties:	
		Address:			
		City/State:			
		Supervisor:			
		Phone No.:			
Current/last pay rate:		Reasons for leaving:			
Date From	Date To	Employer Information <i>May we contact:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			Position Held/Duties
		Name:		Position: Duties:	
		Address:			
		City/State:			
		Supervisor:			
		Phone No.:			
Current/last pay rate:		Reasons for leaving:			
Date From	Date To	Employer Information <i>May we contact:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			Position Held/Duties
		Name:		Position: Duties:	
		Address:			
		City/State:			
		Supervisor:			
		Phone No.:			
Current/last pay rate:		Reasons for leaving:			
Date From	Date To	Employer Information <i>May we contact:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			Position Held/Duties
		Name:		Position: Duties:	
		Address:			
		City/State:			
		Supervisor:			
		Phone No.:			
Current/last pay rate:		Reasons for leaving:			
Date From	Date To	Employer Information <i>May we contact:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			Position Held/Duties
		Name:		Position: Duties:	
		Address:			
		City/State:			
		Supervisor:			
		Phone No.:			
Current/last pay rate:		Reasons for leaving:			

		Name:		Position: Duties:
		Address:		
		City/State:		
		Supervisor:		
		Phone No.:		
Current/last pay rate:	Reasons for leaving:			
If there are any periods unaccounted for, please explain:				

PROFESSIONAL REFERENCES

Please give the names of three (3) professional references who are not relatives.

Name	Occupation/Company	Phone No.	Relationship (Supervisor, etc.)

CERTIFICATION AND AGREEMENT- Read Carefully and Sign

I certify that all the information I have provided on this application and accompanying document is true and correct.

I authorize all previous employers to furnish Employer, to the extent permitted by Federal and State law, my reason for leaving, my performance history, and all other information they may have concerning my employment with them. I also understand that my employment may be contingent upon satisfactory completion of credit, educational, and criminal background checks. I release all of my previous employers, educational institutions, and criminal background checks. I release all of my previous employers, educational institutions, credit agencies, and Employer from all liability that may arise from such investigations.

By signing this application I authorize Employer to make investigations and I indicate my awareness that false statements or failures to disclose certain information may be sufficient to disqualify me from employment, or if employed, may result in my dismissal.

I understand that employment is at will, that it is not guaranteed at any term, and that my employment may be terminated by Employer or myself at any time and for any reason. I understand that neither this form nor statements by representatives of Employer constitutes an employment contract.

Signature		Date	
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