

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, sexual orientation, marital status, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use G blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In Ε reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information. N Job Applied for Today's Date E Are you seeking: Full-time Part-time employment? When could you start work? Temporary R Δ Last Name **First Name** Middle Name **Telephone Number** L **Present Street Address** City State Zip Code **Email Address** No (If you are hired, you may be required to submit proof of age.) If hired, you will be required to furnish proof of your eligibility to work in the U.S. Have you ever applied here before? Yes No If yes, when? Were you ever employed here? Yes No If yes, when? If employed, do you expect to be engaged in any additional business No If yes, give details Please tell us how you heard of this position: Walk in Linked In **SEMSWA Website** Other Source **Employment Agency** Employee Referral (which employee?) For Driving Jobs Only: Do you have a valid driver's license? Yes No Driver's License Number Class of License State Licensed In No If yes, give details: List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, genetic information, or other protected status.)

| E | LIST NAME AND ADDRES | S OF SCHOOLS | Number of Years | Diploma/ Degree/ | Subjects Studied | | |
|--------|--|------------------|-----------------------------------|---------------------|---------------------|--|--|
| D | High School or GED: | | Completed | Certificate | | | |
| U | College or University: | | | | | | |
| С | conege of oniversity. | | | | | | |
| A | Vocational or Technical: | | | | | | |
| т | What skills or additional training do you have that relate to the job for which you are applying? | | | | | | |
| - 1 | | | | | | | |
| 0 | What machines or equipment can you operate that relate to the job for which you are applying? | | | | | | |
| Ν | | | | | | | |
| W o | military service and any periods of unemployment. If self-employed, give firm name and supply business references. Note: A job offer | | | | | | |
| R | May we contact your present | employer? Yes No | | | | | |
| К | NAME OF EMPLOYER | | JOB TITLE AND DUTIES | | | | |
| | ADDRESS | | DATES OF EMPLOYMENT (MO/YR): FROM | м то | | | |
| Н | CITY, STATE, ZIP CODE | | Reason For Leaving | | | | |
| | SUPERVISOR(S) | TELEPHONE | | | | | |
| S | NAME OF EMPLOYER | | JOB TITLE AND DUTIES | | | | |
| T O | ADDRESS | | DATES OF EMPLOYMENT (MO/YR): FROM | М ТО | | | |
| R | | | Reason For Leaving | | | | |
| Y | SUPERVISOR(S) | TELEPHONE | | | | | |
| | NAME OF EMPLOYER | 1 | JOB TITLE AND DUTIES | | | | |
| | ADDRESS | | DATES OF EMPLOYMENT (MO/YR): FROM | и то | | | |
| | CITY, STATE, ZIP CODE | | Reason For Leaving | | | | |
| | SUPERVISOR(S) | TELEPHONE | - | | | | |
| | NAME OF EMPLOYER | 1 | JOB TITLE AND DUTIES | | | | |
| | ADDRESS | | DATES OF EMPLOYMENT (MO/YR): FROM | м то | | | |
| | CITY, STATE, ZIP CODE | | Reason For Leaving | | | | |
| | SUPERVISOR(S) | TELEPHONE | - | | | | |
| | NAME OF EMPLOYER | | JOB TITLE AND DUTIES | | | | |
| | ADDRESS | | DATES OF EMPLOYMENT (MO/YR): FROM | М ТО | | | |
| | CITY, STATE, ZIP CODE | | Reason For Leaving | | | | |
| | SUPERVISOR(S) | TELEPHONE | | | | | |

| R | Have you worked or attended school under any other names? | . Yes | No |
|---|--|-------|----|
| E | If yes, give names: | | |
| F | Are you presently employed? | . Yes | No |
| E | If yes, whom do you suggest we contact? | | |
| R | Have you ever been fired from a job or asked to resign? | . Yes | No |
| E | If yes, please explain: | | |
| | Are you related to, or do you currently live with a SEMSWA Employee? | . Yes | No |
| N | If yes, provide details: | | |
| C | Give three references, not relatives or former employers: | | |
| E | Name Address P | hone | |
| s | | | |
| | | | |

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature:

Date:

This application for employment will remain active for a limited time. Ask the organization's representative for details.