



Application for Employment

Please Print

Individual Information

Name _____ Social Security # _____
Last First Middle

Address _____
Street or P.O. Box City State Zip Code

Telephone # () Other Telephone # () E-Mail Address _____

Position(s) applied for _____ Date Available for work ____ / ____ / ____

Desired Rate of Pay \$ _____ Full-Time Part-Time Day Evening Weekend

Referral Source (Please check the appropriate category and name the source.)

- Walk-in _____ Job Fair _____
- Employee _____ Staffing Agency _____
- Advertisement _____ Government Agency _____
- Company's Website _____ Other _____

If necessary, best time to call you at home is... _____ : _____
AM PM

May we contact you at work? Yes No

If **yes**, work number and best time to call:
() _____ : _____
AM PM

Are you at least age 18? Yes No

If not, can you furnish a work permit if required? Yes No

Have you submitted an application here before? Yes No

If **yes**, give date(s) and position(s)

Have you ever been employed here before? Yes No

If **yes**, give date(s) From ____ / ____ / ____ To ____ / ____ / ____

Can you provide proof that you are authorized to work in the United States? Yes No

Will you relocate if job requires it? Yes No

Have you ever been bonded? Yes No

Have you ever had a bond declined or or revoked N/A Yes No

Will you travel if job requires it? Yes No

If they have been explained to you, Are you able to meet the attendance Requirements of the position? N/A Yes No

Will you work overtime if required? Yes No
If **no**, please explain

Driver's license number required if driving may be required in the job for which you are applying:
_____ State _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ()	Dates employed				
Street address	City	State	Month /	Year	Month /	Year
Starting job title/final job title						
Immediate supervisor/ title/phone # (for most recent position held)		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Why did you leave?						
Summarize the type of work performed and job responsibilities.						
What did you like best about your job?						
What did you like least about your job?						

Employer	Telephone # ()	Dates employed				
Street address	City	State	Month /	Year	Month /	Year
Starting job title/final job title						
Immediate supervisor/title/phone # (for most recent position held)		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Why did you leave?						
Summarize the type of work performed and job responsibilities.						
What did you like best about your job?						
What did you like least about your job?						

Employer	Telephone # ()	Dates employed				
Street address	City	State	Month /	Year	Month /	Year
Starting job title/final job title						
Immediate supervisor/title/phone # (for most recent position held)		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Why did you leave?						
Summarize the type of work performed and job responsibilities.						
What did you like best about your job?						
What did you like least about your job?						

Employer	Telephone # ()	Dates employed				
Street address	City	State	Month /	Year	Month /	Year
Starting job title/final job title						
Immediate supervisor/title/phone # (for most recent position held)		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Why did you leave?						
Summarize the type of work performed and job responsibilities.						
What did you like best about your job?						
What did you like least about your job?						

Employment History (continued)

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If yes, please explain _____

Skills and Qualifications

Please list all languages other than English in which you are fluent.

Spoken
 Written

Spoken
 Written

Spoken
 Written

Spoken
 Written

Are you currently or previously in the military? Yes No

If yes, what type of education, training, and/or work experience did you receive while in the military? _____

List any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

Word Processing _____ Years: _____ Internet _____ Years: _____
 Spreadsheet _____ Years: _____ Other _____ Years: _____
 Presentation _____ Years: _____ Other _____ Years: _____
 E-mail _____ Years: _____ Other _____ Years: _____

Educational Background

Starting with your most recent school attended, provide the following information.

High School Diploma/GED? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Indicate Highest Grade Completed					
School (include City & State)	Years Completed	Completed		GPA Class Rank	List Degrees, Diplomas, or Certificates Awarded
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Other	<input type="checkbox"/> GED <input type="checkbox"/> Certification		
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Other	<input type="checkbox"/> GED <input type="checkbox"/> Certification		
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Other	<input type="checkbox"/> GED <input type="checkbox"/> Certification		
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Other	<input type="checkbox"/> GED <input type="checkbox"/> Certification		

References

List names and telephone number of three business/work references that are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references that are *not* related to you.

Name	Title	Relationship To You	Telephone	Number of Years Known
			()	
			()	
			()	

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Disclosure of memberships that tend to reveal race, color, religion, sex, national origin, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status is purely voluntary.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Disclosure of memberships that tend to reveal race, color, religion, sex, national origin, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status is purely voluntary.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

N/A Yes No

If yes, please explain _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, SCTelcom, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding SCTelcom, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that SCTelcom does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for six months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete and I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** / /
