



APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, gender identity and expression, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status or any other protected classification, following applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its customers, and its employees. Equal employment opportunity includes, but is not limited to, hiring, training, promotion, demotion, transfer, leaves of absence, and termination. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative. **Please print.**

Position(s) Applied for		Date of Application		
Print Name (Last, First, & Middle)				
Street Address		City	State	Zip Code
Main Phone Number	Alternate Phone Number	Email		

EMPLOYMENT EXPERIENCE

Please list the names of your present or previous employers in chronological order with the present or most recent employer listed first. Be sure to account for all periods. If self-employed, give the company name and supply business references. Add page if necessary.

Name of Employer	Supervisor	May we contact?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address			
Phone Number	Dates Employed (Month/Year)		
	From	To	
Job Title and Duties	Reason for Leaving		

Name of Employer	Supervisor	May we contact?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address			
Phone Number	Dates Employed (Month/Year)		

	From	To
Job Title and Duties	Reason for Leaving	

Name of Employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		
Phone Number	Dates Employed (Month/Year)	
	From	To
Job Title and Duties	Reason for Leaving	

Have you ever been involuntarily terminated or asked to resign from any job?..... Yes No
 If yes, please explain

Please list any other experience, job-related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

EDUCATION

Please describe your educational background in the table provided below.

	School Name	Years Completed	Diploma/ Degree (Yes/No)	Area of Study/Major	Specialized Training, Skills, or Extra- Curricular Activities
High School					
College/ University					
Graduate/ School					
Trade School					

BUSINESS AND PROFESSIONAL REFERENCES

Please list three professional references of individuals who are **not** related to you.

Name and Title	Relationship	Phone Number or Email
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GENERAL INFORMATION

- 1. Have you ever used another name?..... Yes No
- 2. Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record?..... Yes No

If yes to either of the above, please explain:

- 3. Have you ever worked for this Company before?..... Yes No
 - a. If yes, please give dates and position: _____
- 4. Do you have friends and/or relatives working for this Company?..... Yes No
 - a. If yes, name(s) and relationship(s): _____
- 5. On what date are you available to begin work? _____

6. Days/Hours available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

- 7. Are you available to work? Full-time Part-time Shift Work Temporary
- 8. If hired, would you have a reliable means of transportation to and from work?..... Yes No
- 9. Can you travel if the position requires it?..... Yes No
- 10. Can you relocate if the position requires it?..... Yes No
- 11. Are you at least 18 years old? Yes No
 - a. Note: If under 18, hire is subject to verification that you are of minimum legal age.
- 12. If hired, can you present evidence of your identity and legal right to work in this country?..... Yes No
- 13. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?..... Yes No
 - a. Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.
- 14. What machines or equipment can you operate that are related to the job for which you are applying?

Do you have a valid driver’s license? Yes No Driver’s License Number _____
 Class of License _____ State Licensed In _____ Endorsements _____ Exp Date _____
 Have you had your driver’s license suspended or revoked in the last 3 years? Yes No
 If yes, give details: _____

A condition of employment for driving positions is to be able to pass driving record searches, be insurable by our insurance company. Are you able to comply? Yes No

APPLICANT STATEMENT AND AGREEMENT

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

_____ I hereby authorize SCTelcom, Inc. to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to SCTelcom, Inc. any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release SCTelcom, Inc., my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ NOTICE: the consumer reporting agency that provides this report will not be a party to any decision to take adverse action and will be unable to provide the specific reason(s) why the adverse action was taken. This notice is provided under the provisions of the Fair Credit Reporting Act [15 U.S.C S 168]. A complete explanation of your rights under the Act may be obtained by referring to the Federal Statute. You may have additional rights under the applicable State Law.

_____ In the event of my employment with SCTelcom, Inc., I understand that I am required to comply with all rules and regulations of SCTelcom, Inc.

_____ If hired, I understand and agree that my employment with SCTelcom, Inc. is at-will and that neither I, nor SCTelcom, Inc. is required to continue the employment relationship for any specific term. I further understand that SCTelcom, Inc. or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

_____ I understand that the safety of employees is critical to SCTelcom, Inc. and that SCTelcom, Inc. is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

_____ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate termination if I am employed, regardless of the time elapsed before discovery.

_____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration law requires me to complete an I-9 Form in this regard.

_____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed, and the remainder of this Agreement shall be enforceable.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS AND I AM UNTRUE ON ANY STATEMENT THAT MAY RESULT IN IMMEDIATE TERMINATION OF EMPLOYMENT. I UNDERSTAND THAT MY EMPLOYMENT IS "AT-WILL."

Signature: _____

Name (print): _____ Date: _____