



Application for Employment

We consider applicants for all positions without discrimination due to race, color, religion, sex, national origin, age, marital or veteran status, disability or any other legally protected status. This employment application will remain active for a period of ninety (90) days from date of application. To be considered for employment after that time, a new application may be required.

Personal Information (PLEASE PRINT)

Position(s) Applied For _____ Date _____

Earnings Expected _____

Name (last, first, middle) _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Message Phone () _____ Social Security Number _____

1. If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No
 2. Have you ever filed an application with SMKW before? If yes, give date _____ Yes No
 3. Have you ever worked at SMKW before? If yes, give date _____ Yes No
 4. Are you currently employed? Yes No
 5. May we contact your present employer? Yes No
 6. Are you prevented from lawfully becoming employed in this country because of a visa or immigration status? (*Proof of citizenship or immigration status may be required upon employment*). Yes No
 7. On what date would you be available for work? _____
 8. Are you available to work? Full Time Part Time Shift Work Temporary
 9. Are you available and willing to work any shift or schedule? Yes No
 10. Are you currently on "lay-off" status and subject to recall? Yes No
 11. Have you been convicted of a felony or any crimes which have to do with theft or dishonest acts? (*Conviction will not necessarily disqualify an applicant from consideration for employment*). Yes No
- If yes, explain. _____

12. Are you presently using or have you used illegal drugs or substances in the last 90 days? Yes No
13. Have you ever been discharged from a job? Yes No

If yes, please explain and give dates. _____

14. Have you ever been disciplined for attendance problems? Yes No

Education

	Elementary School	High School	Undergraduate College/University	Graduate/Professional
School Name and Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe the Course of Study				

References

Give the name, address, and telephone number of three references who are not related to you and are not previous employers.

1.

2.

3.

Employment History

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability, or other protected status.

1. Employer

Dates of Employment

Address

Phone ()

Beginning Salary

Ending Salary

Job Title

Supervisor's Name

Work Performed

Reason for Leaving (be specific)

2. Employer

Dates of Employment

Address

Phone ()

Beginning Salary

Ending Salary

Job Title

Supervisor's Name

Work Performed

Reason for Leaving (be specific)

3. Employer

Dates of Employment

Address

Phone ()

Beginning Salary

Ending Salary

Job Title

Supervisor's Name

Work Performed

Reason for Leaving (be specific)

If you need additional space, please continue on back of this application.

Special Skills & Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Applicant's Statement

IMPORTANT: PLEASE READ BEFORE SIGNING

By my signature placed below, I promise that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date.

I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I authorize the company to contact my present employer (unless otherwise noted on this form), past employers, and references. I understand that the company may request an investigative consumer report from a consumer reporting agency that includes information as to my character, and general reputation, and I have specifically authorized such investigation by signing a separate "authority to release information" in conjunction with this application for employment.

I authorize any person, school, current employer, past employer, and organizations named in this job application (and accompanying resume, if any) to provide the company with relevant information and opinion that may be useful to the company in making a hiring decision, and I release such persons and organizations from legal liability in making such statements.

I hereby consent and give permission to the company for a pre-employment drug screening examination. I further consent and give permission to the company for a complete physical examination, including drug and alcohol screening exams and x-rays, upon a conditional offer of employment, and I consent to tests for drug usage or alcohol usage periodically and I further consent to searches of any areas on company premises, including but not limited to lockers, lunchboxes, brief cases, parking lots and automobiles.

I understand and agree that, if hired, my employment is for no definite period of time, and may, regardless of the date of payment or stated terms of my wages or salary, be terminated at any time. I understand and agree that my employment relationship with the company, if hired, is an employment-at-will relationship and may be terminated by either me or the company at any time with or without cause.

I understand that no person is authorized to change the terms mentioned in this employment application and I understand that this employment application is not, and is not intended to be, a contract of employment.

Signature

Date

Witness

Date

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I understand that the company, or agent of its choice, may conduct a thorough background investigation before rendering a final decision regarding my eligibility for employment. This investigation may include inquiries as to my abilities, character and reputation.

To facilitate this investigation, I do hereby give my consent and authority for any educational institution, hospital, medical doctor, police agency, or credit reporting agency to furnish information from their records to the company, or agent of its choice.

With regard to any credit reporting agency which might be contacted by the company, or an agent of its choice, I understand that I may inquire as to the identification of those credit reporting agencies contacted and the company will advise me as to their identity and the nature and scope of the information they furnished, upon receipt of my written requests for such.

Signature

Date

Witness

Date

Full Name

Address

City/State/Zip

Telephone ()

Social Security Number
