

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Telephone
	City, State, Zip			Business Telephone
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year Location			Social Security #
	Position Desired			Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?			Will you work overtime is asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			When will you be available to begin work?
	Other special training or skills (languages, machine operation, etc.)			Driver's License #

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Membership in Professional or Civic Organizations (Exclude those which may disclose your race, color, religion or national origin)	

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone
	Street Address	Employed – (State Month and Year) From _____ To _____
	Name of Supervisor	Weekly pay Start _____ Last _____
	State Job Title and Describe Your Work _____	Reason for Leaving

2	Company Name	Telephone
	Street Address	Employed – (State Month and Year) From _____ To _____
	Name of Supervisor	Weekly pay Start _____ Last _____
	State Job Title and Describe Your Work _____	Reason for Leaving

3	Company Name	Telephone
	Street Address	Employed – (State Month and Year) From _____ To _____
	Name of Supervisor	Weekly pay Start _____ Last _____
	State Job Title and Describe Your Work _____	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT	
	Employer Number(s)	Reason

S I G N A T U R E	<p>The information provided in this Application for Employment is true, correct and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal.</p> <p>I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date Signature</p>
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SKS Engineers, LLC believes that the information solicited from the applicant which lies outside the special section on page 3 is in full compliance with all Federal and State equal employment laws and with the Fair Credit Reporting Act. We do not assume responsibility for the user's inclusion in this "Application for Employment" of any question which may violate Federal, State or local laws and users should consult their own counsel with respect to any legal questions concerning the use of this form.