



SII EMPLOYEE REFERRAL:

EMPLOYMENT APPLICATION

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. All employee applications will be given active consideration for six months and will receive consideration without discrimination of sex, marital status, race, age, creed, national origin or the presence of disabilities. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the applicant process or, if discovered after employment, terminating employment. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

<i>Please print clearly ALL sections of this employment application- incomplete or illegible applications will not be processed.</i>	
Full Name:	Today's Date:
Home Phone:	Cell Phone:
E-mail Address:	
Current Mailing Address:	
For which position are you applying?	What date can you start?
Check position option: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	List relatives currently employed with SII:
Are you a minor?	If employed can you show proof of U.S. Citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a felony in the last ten (10) years?	If you are NOT a U.S. citizen, can you submit documents, after employment showing your legal right to work permanently in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

Please indicate the highest grade level completed - 7 8 9 10 11 12 13 14 15 16 16+ or GED:

Name & Address of Education Facility	Graduate / Degree		Major
	Yes	No	
	<small>If Yes, indicate Mo / Yr Graduated</small>		

EMPLOYMENT HISTORY

Please list all jobs (including self-employment and military service) that you have held for the last 10 years, if applicable, and list and explain any gaps in employment. If additional space is needed, continue on the back of this application.

MOST RECENT EMPLOYMENT

Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name:	Phone Number:	
Address:	Dates Employed	
	From:	To:
Job Title:	Supervisor Name:	
Duties:		
Salary:	Pay Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	Reason For Leaving:

SECOND MOST RECENT EMPLOYMENT			
Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name:		Phone Number:	
Address:		Dates Employed	
		From:	To:
Job Title:		Supervisor Name:	
Duties:			
Salary:	Pay Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	Reason For Leaving:	

THIRD MOST RECENT EMPLOYMENT			
Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name:		Phone Number:	
Address:		Dates Employed	
		From:	To:
Job Title:		Supervisor Name:	
Duties:			
Salary:	Pay Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	Reason For Leaving:	

BUSINESS REFERENCES			
<i>Include only individuals familiar with your work ability. Do not include relatives.</i>			
Name	Address	Phone	Years Known/ Relationship

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me, the foregoing questions, and the statements made by me are true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my applications or discharge at any time during my employment. I authorize the company, and/or its agents, including consumer reporting bureaus, to verify any of this information including but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

Signature & Date	Printed Name
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