

# APPLICATION FOR EMPLOYMENT

SCM,LLC

## Personal Information:

Name:	Social Security No.	Date:
Present Address:		
Phone Number:	Referred By:	

## Employment Desired:

Position Desired:	Part Time <input type="checkbox"/>	Full Time <input type="checkbox"/>	Shift Desired:
Date You Can Start:	Salary / Wages Desired:	Will work part time until full time work is available. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Can we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ever worked for this Company before? Yes <input type="checkbox"/> No <input type="checkbox"/>		When?	What job position?
Are you 18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/> How did you learn about this employment opportunity?			

## Education History:

Did you graduate from High School? Yes <input type="checkbox"/> No <input type="checkbox"/>	Year Graduated?	Name of School:
Did you graduate from College? Yes <input type="checkbox"/> No <input type="checkbox"/>	Year Graduated?	Name of College:
Title of the Degree:	2 - Year Degree <input type="checkbox"/>	4 - Year Degree <input type="checkbox"/>
Other Training, Education or Special Skills:		
Military Service:		

## Employment History:

Name of present or last employer:	Address:	Phone:
Job Title:	Job Duties:	
Current Wage:	Name of Supervisor:	May we contact your Supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for leaving:	Starting Date:	Leaving Date:

Name of previous employer:	Address:	Phone:
Job Title:	Job Duties:	
Final Wage:	Name of Supervisor:	May we contact your Supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for leaving:	Starting Date:	Leaving Date:

**Employment History:**

Name of previous employer:	Address:	Phone:
Job Title:	Job Duties:	
Final Wage:	Name of Supervisor:	May we contact your Supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for leaving:	Starting Date:	Leaving Date:

**Other:**

Have you been convicted of a felony within the last 5 years? Yes  No

If yes, explain:

Do you currently have any physical limitations to lifting, walking and/or standing? Yes  No

**References:**

Name	Business	Phone Number

**Authorization:**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representatives of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

I also affirm that I have read the "Job Description", for the job position I have applied for, and fully understand what is required of the job position. If hired I will perform the job duties as required and understand that failure to do so could be grounds for dismissal.

**Date:**

**Signature:**

DO NOT WRITE IN THE SECTION BELOW

<p>INTERVIEWED BY:</p> <p>COMMENTS:</p>          <p>Date Hired:</p> <p>Approved By:</p>
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