

SELLARS WIPERS AND SORBENTS - EMPLOYMENT APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

FULL NAME – LAST, FIRST, MIDDLE		OTHER SURNAMES USED	*****
PRESENT ADDRESS – STREET	CITY	STATE & ZIP CODE	TELEPHONE DAY - NIGHT -
DO YOU HAVE THE LEGAL RIGHT TO ACCEPT EMPLOYMENT IN THE U.S? <input type="radio"/> YES <input type="radio"/> NO		HOW WERE YOU REFERRED TO THIS COMPANY? ___ NEWSPAPER ___ INTERNET ___ WALK-IN ___ AGENCY ___ FRIEND/RELATIVE	
ARE YOU AT LEAST 18 YEARS OLD? ___ YES ___ NO IF NOT, YOUR EMPLOYMENT WILL BE SUBJECT TO VERIFICATION THAT YOU MEET STATE/FEDERAL MINIMUM AGE REQUIREMENTS FOR THE TYPE OF WORK YOU ARE APPLYING FOR AND HAVE OBTAINED A VALID WORK PERMIT.		HAVE YOU EVER APPLIED AT THIS COMPANY BEFORE? ___ NO ___ YES IF YES, WHEN: _____ HAVE YOU EVER WORKED AT THIS COMPANY BEFORE? ___ NO ___ YES IF YES, WHEN: _____	
HAVE YOU EVER BEEN CONVICTED OF A CRIME OR PLEADED NO CONTEST FOR ANY OFFENSE OR VIOLATION OTHER THAN MINOR TRAFFIC VIOLATIONS? ___ NO ___ YES. IF YES, EXPLAIN 1) NATURE OF CRIME, 2) DATE OF CONVICTION AND 3) STATE IN WHICH CONVICTED. (CONVICTIONS ARE NOT AN AUTOMATIC BAR TO EMPLOYMENT.)			
DO YOU HAVE ANY PENDING CRIMINAL CHARGES AGAINST YOU? ___ NO ___ YES IF YES, DESCRIBE THE 1) NATURE OF THE CHARGES, 2) DATE ISSUED, AND 3) COUNTY AND STATE WHERE ISSUED.			

EDUCATION

SCHOOL	NAME	LOCATION (CITY, STATE)	NO. YEARS ATTENDED	DIPLOMA OR DEGREE REC'D	MAJOR SUBJECTS
HIGH SCHOOL				___ YES ___ NO	NA
COLLEGE				___ YES ___ NO TYPE:	
GRADUATE				___ YES ___ NO TYPE:	
OTHER				___ YES ___ NO TYPE:	

OTHER

IF RELEVANT, PLEASE DESCRIBE WORD PROCESSING SPEED, SOFTWARE KNOWLEDGE, AND OFFICE EQUIPMENT EXPERIENCE.

IF RELEVANT, PLEASE DESCRIBE EXPERIENCE USING MANUFACTURING MACHINES AND EQUIPMENT.

ARE YOU CURRENTLY COVERED BY A CONFIDENTIALITY OR NON-COMPETITION AGREEMENT?

POSITION APPLIED FOR:

EMPLOYMENT HISTORY

PRESENT OR LAST EMPLOYER

NAME OF EMPLOYER			TELEPHONE	
ADDRESS STREET		CITY	STATE & ZIP CODE	IMMEDIATE SUPERVISOR
EMPLOYMENT DATES (MO. AND YR.) FROM: TO:		TITLE OF POSITION	SALARY -- START \$	SALARY -- END \$
DESCRIPTION OF DUTIES				
REASON FOR CHANGE OR LEAVING				

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ADDRESS STREET		CITY	STATE & ZIP CODE	IMMEDIATE SUPERVISOR
EMPLOYMENT DATES (MO. AND YR.) FROM: TO:		TITLE OF POSITION	SALARY -- START \$	SALARY -- END \$
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REASON FOR CHANGE OR LEAVING				

ADDITIONAL INFORMATION

(Please list any additional information you believe would be helpful)

The facts set forth above in my application for employment are true and complete. I understand that if I am employed, any false statements on this application shall be considered sufficient cause for dismissal. I hereby authorize Sellars Wipers and Sorbents to determine my suitability and justification for employment, to contact any or all of my previous employers and otherwise to investigate my character, general reputation, work habits, skills and/or abilities. I authorize persons, schools and employers named in this application to provide Sellars Wipers and Sorbents with any relevant information that may be required to arrive at an employment decision.

I understand that if I am hired, employment is not for any specific period of time.

APPLICANT'S SIGNATURE _____

DATE _____