

Date:

## Application for Employment

To Applicant: You must personally complete the entire application and sign it to be considered for employment with SSi. Applications remain active for only sixty (60) days and thereafter you must personally renew the application.

			Applica	aiit i	mormation				
Full Name:									
	Last		First	t			Middle		
Address:	Street Add	lress					Apartme	ent/Unit #	
	City					State	ZIP Cod	de	
Telephone:	-			Е	mail:				
Position App	olied for:								
Date Availal						quirement:			
If job moves	from the	current location, are yo	u willing/al	ble to	accept employ	ment at new lo	ocation?	YES	NO
Are you 18 y	years of a	ge or older?	YES	NO					
Are you a ci	tizen of th	e United States?	YES	NO	If no, are you	authorized to w	vork in the U.S.?	YES	NO
Do you poss	sess a val	d Driver's License?	YES	NO	If yes, State/N	lumber:			
Have you ev	/er been c	convicted of a felony?	YES	NO	If yes, please	explain:			
			Cour		f Deferred			_	
Employ	00	Agency	Internet		f Referral Other				
спіріоў	_	YES	NO		Other				
Have you ev	er worked	d for SSi, Inc.?	If y	yes, [	Date/Supervisor	r:			
Do you have	e any frien	ds or relatives employe	ed with SS	i?	YES NO	If yes, who an	nd what is your r	elationsh	nip?
				duc	ation				
List of All Atten		Name and Location			Years Completed	Graduated (Yes or No)	Degree (Credit Hours)	Major C	ourse
High School	ol (GED)								
College/Ur	niversity								
Vo-Tech c	r Trade								
Othe	er								
Note any otl skills, or lice									



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Please give an accurate, complete, full-time and part-time employment record. Start with the present or most recent employer and go back a minimum of ten (10) years. Do not omit any employment during that time. Add additional sheets if necessary. Answer each question completely and accurately. "See Resume" is not acceptable.

Pr	evious Emplo	yment		
Company:			Telephone:	
Address:				
Job Title:				
Salary:			Ending [	Date:
Responsibilities:				
Reason for Leaving:				
Company:				
Address:				
Job Title:				
Salary:	Starting Date: _		Ending [	Date:
Responsibilities:				
Reason for Leaving:				
Company:			Telephone:	
Address:				
Job Title:		Supervisor:		
Salary:	Starting Date: _		Ending [	Date:
Responsibilities:				
Reason for Leaving:				
	References	6		
Please list three references.	1			1
Name and Address	Years Known	Occupation o	r Business	Telephone Number



## Application for Employment

Military Service
Branch: From: To:
Rank at Discharge: Type of Discharge:
If other than honorable, explain:
Disclaimer and Signature
Please read the following carefully and sign below
If hired, I agree to abide by all safety rules. (initial)
I agree to submit to a substance screening (drug and alcohol) prior to, and during employment, and to comply with SSi substance abuse policy (initial)
In case of injury, will you accept the medical facilities recommended by SSi? (initial)
Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodation <b>yes</b> (initial) <b>no</b> (initial)
I hereby declare that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal, if discovered at a later date.
I understand that, if hired, my employment will be for an indefinite period, and I may be terminated, with or without notice, at any time, for any reason. I understand that no management official is authorized to make any oral assurance or promise of continued employment, and that any such agreement shall be valid only if in writing and signed by the president of the company.
Under the provisions of the Fair Credit Reporting Act, an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, and neighbors with whom you are acquainted. These inquires seek information about your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.
I authorize persons, schools, employers, organizations, medical facilities, or government agencies named in this application (and accompanying resume documents, if any) to provide any relevant information for purpose related to employment. Photostatic copy of this authorization shall serve in its stead and be as binding as the original.
The Immigration Reform and Control Act of 1986 strictly prohibits the hiring of aliens not legally eligible to work in the United States, and further requires that all newly hired employees produce evidence of employment eligibility (including U.S. citizens).
SSi, Incorporated is an equal opportunity employer. SSi, Incorporated. does not discriminate in employment in any way on the basis of race, color, religion, creed, national origin, age, disability or sex as required by applicable law, nor does it discriminate in employment on any other basis prohibited by applicable state, local or other law.
I have read the above notice and understand what it means.
Signature: Date: