



**APPLICATION FOR EMPLOYMENT**

|                              |                     |
|------------------------------|---------------------|
| Position(s) Applied For      | Date of Application |
| How were you referred to us? |                     |

|                                   |                     |                        |
|-----------------------------------|---------------------|------------------------|
| Last Name                         | First Name          | Middle Name            |
| Address                           | City                | State/Zip Code         |
| Home Phone Number                 | Mobile/Beeper/Other | Social Security Number |
| Person to Contact in an Emergency | Relationship        | Phone Number           |

|  |   |
|--|---|
| Best time to contact you at home is  | ___ : ___ (AM/PM)   |
| If you are under 18 years of age, can you provide proof of your eligibility to work?   | <input type="checkbox"/> Yes <input type="checkbox"/> No          |
| Have you ever filed an application with SSMI previously? If yes, give date: _____  | <input type="checkbox"/> Yes <input type="checkbox"/> No          |
| Have you been employed with SSMI previously? If yes, give date: _____  | <input type="checkbox"/> Yes <input type="checkbox"/> No          |
| Do any of your friends or relatives, other than your spouse, currently work for SSMI?  | <input type="checkbox"/> Yes <input type="checkbox"/> No          |
| Are you currently employed?  | <input type="checkbox"/> Yes <input type="checkbox"/> No          |
| Are you a U.S. Citizen?  | <input type="checkbox"/> Yes <input type="checkbox"/> No          |
| If no, are you authorized by Immigration and Naturalization to work in the U.S.?<br><i>(Proof of citizenship or immigration status will be required upon employment)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No          |
| Have you ever pled "guilty" or "no contest" to or been convicted of a crime?   | <input type="checkbox"/> Yes <input type="checkbox"/> No          |
| If yes, give dates/details: _____  |   |
| Were you ever discharged by any company?   | <input type="checkbox"/> Yes <input type="checkbox"/> No          |
| If yes, give reason/list company(ies): _____   |   |
| Date Available to Start: ____ / ____ / ____  | What is your desired salary range? _____                          |
| Are you available to work:   | Days Available (Please check all that apply)                      |
| Full-Time  | <input type="checkbox"/> Monday <input type="checkbox"/> Saturday |
| Part-Time  | <input type="checkbox"/> Tuesday <input type="checkbox"/> Sunday  |
| Temporary/Seasonal   | <input type="checkbox"/> Wednesday                                |
| (Dates available ____/____/____ to ____/____/____)   | <input type="checkbox"/> Thursday                                 |
|  | <input type="checkbox"/> Friday                                   |
| Are you willing to travel?   | <input type="checkbox"/> Yes <input type="checkbox"/> No          |

**PREVIOUS EMPLOYMENT (Starting with most recent position)**

|                    |                           |       |  |  |
|--------------------|---------------------------|-------|--|--|
| <b>Employer #1</b> | <b>Dates Employed</b>     |       | List Responsibilities  |  |
|                    | From                      | To    |  |  |
| Address            |                           |       |  |  |
| Phone #            | <b>Hourly Rate/Salary</b> |       |  |  |
| Title              | Starting                  | Final |  |  |
| Supervisor         |                           |       |  |  |
| Reason for Leaving |                           |       |  | May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Employer #2</b> | <b>Dates Employed</b>     |       |  | List Responsibilities  |
|                    | From                      | To    |  |  |
| Address            |                           |       |  |  |
| Phone #            | <b>Hourly Rate/Salary</b> |       |  |  |
| Title              | Starting                  | Final |  |  |
| Supervisor         |                           |       |  |  |
| Reason for Leaving |                           |       | May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>Employer #3</b> | <b>Dates Employed</b>     |       | List Responsibilities  |  |
|                    | From                      | To    |  |  |
| Address            |                           |       |  |  |
| Phone #            | <b>Hourly Rate/Salary</b> |       |  |  |
| Title              | Starting                  | Final |  |  |
| Supervisor         |                           |       |  |  |
| Reason for Leaving |                           |       |  | May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Employer #4</b> | <b>Dates Employed</b>     |       |  | List Responsibilities  |
|                    | From                      | To    |  |  |
| Address            |                           |       |  |  |
| Phone #            | <b>Hourly Rate/Salary</b> |       |  |  |
| Title              | Starting                  | Final |  |  |
| Supervisor         |                           |       |  |  |
| Reason for Leaving |                           |       | May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

[If you need additional space for previous employment, please continue on a separate sheet of paper.]

Please summarize special job-related skill or qualifications

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## EDUCATION

| School Type     | School Name/Address | Course of Study | Years Completed | Graduated (Yes or No) |
|-----------------|---------------------|-----------------|-----------------|-----------------------|
| High School     |                     |                 |                 |                       |
| College         |                     |                 |                 |                       |
| Graduate School |                     |                 |                 |                       |
| Other (Specify) |                     |                 |                 |                       |

## REFERENCES

| Name | Address | Phone | Title/Company |
|------|---------|-------|---------------|
|      |         |       |               |
|      |         |       |               |
|      |         |       |               |

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. In submitting this application for employment, I hereby authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. Only the President of the Company is authorized to modify this policy. Any modification effectuated by the President of the Company must be in writing. No oral modifications by any officer, including the President, are valid under any circumstances.

I understand that receipt of this application by SSMI does not imply employment and that this application and/or any other SSMI documents are not a contract of employment. If I receive an "offer" of employment by SSMI, that offer may be made contingent on satisfactory results of a pre-employment drug screening. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all policies and procedures of the employer.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
[Please read carefully before signing]