



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Alternate Phone: _____
 Date Available to begin work: _____ Email: _____@_____

Desired Salary: \$ _____

Position Applied for: _____

Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you at least 18 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have any relatives employed by SBS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, who? _____		
Have you ever applied for work with SBS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when? _____		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when? _____		
Will you work overtime if required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Will you work weekends if required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever been convicted of, or been on probation or deferred adjudication for any felony or misdemeanor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

I AGREE

By checking this box, I acknowledge that should I continue to move forward in the employment process, as permitted by law, I may be subject to provide additional information regarding my employment, education, social security number, criminal record, residential history and references

If yes, explain: _____

Education

High School: _____ Address: _____

Rank: _____ of _____ Did you graduate? YES NO

College: _____ Address: _____

From: _____ to _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ to _____ Did you graduate? YES NO Degree: _____

An Equal Opportunity Employer

All applicants are given equal consideration for employment without regard to race, religion, sex, national origin, color, creed, age, disability or any other category protected by federal, state, or local law.

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment (Most Recent First)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ to _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ to _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ to _____ Reason for Leaving: _____

