

sovena

U.S.A. INCORPORATED

Please **TYPE** or **PRINT** clearly. *This application must be completed and signed personally by the applicant.* Each question must be answered in full. If answer is NO or NONE, indicate same. We appreciate your interest in our organization. This organization is an Equal Opportunity Employer. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, physical or mental disability, marital status, veteran status, or any other legally protected status or class. Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process are encouraged to contact the Human Resource Manager.

PERSONAL:

NAME: Last First Middle Initial

ADDRESS: _____ SOCIAL SECURITY # _____

City State Zip Telephone Number Cellular Number

- Are you eighteen (18) years of age or older? yes no
- Are you employed now? yes no
If so, may we contact your present employer? yes no
- Position applied for: _____ Salary Desired \$ _____/wk
- Other position(s) qualified for: _____
- Are you legally eligible for employment in the United States? yes no
- Check shift(s) you can work: Full Time Part Time Day Night
- Special Licenses or Certifications: _____ Expiration Date: _____
- Have you been convicted of and/or plead guilty to a felony or misdemeanor in the past seven (7) years? yes no
If yes, please list the specific nature and details of the crime(s), date(s), court location, sentencing information, and disposition of sentence on the attached sheet of paper. (Please note: a conviction record will not necessarily be a bar to employment)
- Have you ever been employed by this company? yes no
- Americans with Disabilities Act Clarification:** Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation? yes no

EDUCATION:

Circle Highest Grade Completed: Grade School High School College Graduate
1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4

School	Date(s) Attended	Major Studies	Degree, Diploma License or Certificate
High School			
College/University			
Vocational, Business, Other			

Military Service Branch: _____ Years Served: _____ Training and Experience: _____

EMPLOYMENT HISTORY (List most recent first)

Name of Company _____ Address _____ Phone _____

Dates of Employment: From _____ To _____ Salary _____ Start: \$ _____ per _____

Type of Business: _____ Last: \$ _____ per _____

Your Position/Title _____ Supervisor _____

Reason for Leaving _____

Briefly Describe Your Duties and Responsibilities: _____

Name of Company _____ Address _____ Phone _____

Dates of Employment: From _____ To _____ Salary _____ Start: \$ _____ per _____

Type of Business: _____ Last: \$ _____ per _____

Your Position/Title _____ Supervisor _____

Reason for Leaving _____

Briefly Describe Your Duties and Responsibilities: _____

Name of Company _____ Address _____ Phone _____

Dates of Employment: From _____ To _____ Salary _____ Start: \$ _____ per _____

Type of Business: _____ Last: \$ _____ per _____

Your Position/Title _____ Supervisor _____

Reason for Leaving _____

Briefly Describe Your Duties and Responsibilities: _____

Explain and give details of any period(s) in which you were unemployed for more than 30 days: (Use additional sheet)

BUSINESS REFERENCES: (List Three)

Name	Complete Address	Phone	Occupation	Years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any misrepresentation is cause for voiding this application or termination of employment, if hired. I authorize investigation of any information provided on this application form. I also authorize investigation of my employment record and references and release all parties from all liability for any damage that may result from furnishing information to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without any prior notice.

Date _____ Signature of Applicant _____

ADDENDUM TO EMPLOYMENT APPLICATION

Additional information regarding question #8, Conviction Record. If you answered yes and have been convicted of a felony or misdemeanor in the past seven (7) years, please provide additional information such as the date of the offense, the seriousness and nature of the offense, and rehabilitation completed.

Applicant Signature: _____ Date: _____

(Please note: The company reserves the right to reject individuals for employment regarding job-related convictions. A conviction record will not necessarily be a bar to employment. Factors that will be taken into account include the nature of the conviction as it relates to the job applied for, the amount of time that has elapsed since the conviction and/or completion of sentence, and the seriousness of the offense.)