

**SIVALLS, INC.
APPLICATION FOR EMPLOYMENT**

**SI-100
10/05**

TO APPLICANT: We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in considering you for a position that best meets your qualifications and may assist us in the future if employed.

PLEASE READ THE FOLLOWING STATEMENTS AND MAKE SURE THAT YOU FULLY UNDERSTAND AND AGREE TO THEIR SIGNIFICANCE BEFORE SIGNING THIS APPLICATION:

I, _____ hereby apply for employment with **SIVALLS, INC.** The facts set forth in my application for employment are true and complete. I understand that if employed, any exclusions or evasive statements on this application or on other company records shall be considered sufficient cause for dismissal.

I understand that **SIVALLS, INC.** is hereby authorized to make any verification of my personal history and financial and credit record through any investigative or credit agencies or bureaus of its choice. I understand that such information is kept confidential and is available to me upon written request, and I agree to release all persons and companies requesting or supplying information in regard to this inquiry from all liabilities.

By accepting a job offer from **SIVALLS, INC.**, I agree and give consent to take a physical examination and a drug screen test before beginning work and also be subject to random drug screening during my employment. I understand and agree that refusal to submit to such testing during the period of my employment may result in disciplinary action, including termination.

By accepting a job offer from **SIVALLS, INC.**, I agree to abide by the employee and safety rules and policies of **SIVALLS, INC.** put forward by its management. I understand and agree that if company property and/or equipment is issued to me by **SIVALLS, INC.**, I will be responsible for the same until it is returned to **SIVALLS, INC.**

I understand and agree that if I am employed with **SIVALLS, INC.**, it will be of an “**at will**” basis. I also understand that “**at will**” means that I may resign at any time and **SIVALLS, INC.** may discharge me at any time, with or without reason. I also understand and agree that this “**at will**” employment relationship cannot be altered by any written document or verbal statement unless this alteration is specifically acknowledged in writing by a Vice President or higher authority of **SIVALLS, INC.**

I understand that according to federal law all individuals must provide documents which either confirm their identity as a U.S. citizen or confirm their legal authorization to work in the United States. I understand that any offer of employment is contingent on my ability to produce this documentation within the time required by law.

Signature of Applicant

Printed Name of Applicant

Date

WITNESSED BY: _____ DATE _____

PLEASE ATTACH ALL ADDITIONAL INFORMATION TO THE BACK OF THIS APPLICATION. IF YOU NEED MORE SPACE TO COMPLETE ANY SECTIONS, ADD IT ON A SEPARATE BLANK PAGE.

PERSONAL INFORMATION

Name _____			Social Security No. _____
Last	First	MI.	
Present Address _____			Home Telephone (____) _____
Street	Apt. No.		Cell Telephone (____) _____
_____			Work Telephone (____) _____
City	State	Zip	Citizenship <input type="checkbox"/> USA <input type="checkbox"/> Other _____

VERIFICATION INFORMATION

NOTE: The information in this section is used for verification purposes only. Because it is not used to make a hiring decision, you may omit some or all of this data if you prefer without effecting your status as a candidate for employment.

_____ Married Single If Married, Spouse's Name and Occupation: _____

Date of Birth _____ Widowed Divorced _____

No. of Dependents _____

EDUCATIONAL INFORMATION

	High School	College	Grad
Circle highest level of education you have received:	9 10 11 12	1 2 3 4	1 2
Type of School	Name & Location of School	Graduation Date	Degree/Major
High School			

MILITARY BACKGROUND

NOTE: Attach a copy of your DD Form 214, if applicable. A record of a less than honorable discharge will not automatically disqualify you from consideration as a candidate for employment.

Have you ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Country? <input type="checkbox"/> USA <input type="checkbox"/> Other _____	Are you in the active reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date entered Month ____ Year ____	Date Discharged/ Retired Month ____ Year ____	Rank at discharge	Military Branch

MOTOR VEHICLE INFORMATION

NOTE: Lack of driver's license or history of driving violations will not automatically disqualify you from consideration as a candidate for employment.

Driver's License No.	State Issuing Driver License	Driver License Expiration Date
Has your driver's license ever been revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has any company ever cancelled your motor vehicle insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of driving under the influence of alcohol or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a moving violation within the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever caused a motor vehicle accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been involved in any way in a motor vehicle accident within the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been convicted of reckless driving? <input type="checkbox"/> Yes <input type="checkbox"/> No		

CRIMINAL HISTORY

NOTE: A conviction will not automatically disqualify you from consideration as a candidate for employment.

Have you been convicted of any offense during the past ten years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain below:		

WORKER'S COMPENSATION INFORMATION

NOTE: Knowledge of pre-existing injuries allows us to match applicants with jobs which do not exceed their physical limitations, minimize the risk of further injury, and take advantage of second injury funds in certain states. Worker's compensation claims will not automatically disqualify you from consideration as a candidate for employment.

Have you ever filed a worker's compensation claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain below (Date, Type):		

EMPLOYMENT INFORMATION

Position applied for: _____	Date available _____
Rate of pay expected: _____	Are you available to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Overtime <input type="checkbox"/> Part-time <input type="checkbox"/> Call-out
Referred by: _____	

ADDITIONAL EMPLOYMENT INFORMATION

Were you previously employed by us? Yes No Are you at least of the age of 18 years? Yes No

Have you ever applied with us before? Yes No Mechanical Experience? Yes No

Do you have any friends or relatives working for us? Yes No Have you served an apprenticeship? Yes No

If yes, please list them: _____ How long? _____ Trade? _____

Except for vacations and holidays, how many days were you absent from work during the past year? _____
 During the previous year? _____ Please state reasons for absences:

Have you ever been involuntarily discharged by an employer? _____ If yes, explain:

Are there any experiences, skills, or qualifications which you feel would especially fit you for work with the Company? _____

EMPLOYMENT HISTORY: Give complete name and addresses' of all employers for the last seven years or since high school, whichever is less. Explain unemployment periods between jobs.

Employer Name and Address Telephone No.	Supervisor Name/ Describe Duties	Salary/ Wages	Date From	Date To	Reason for Leaving
1.					
2.					
3.					
4.					
5.					

May we contact the employers listed above? _____ If not, indicate which one(s) you do not wish us to contact:

REFERENCES: Please list any Personal / Professional references and how to contact them:
