



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT CLEARLY)

Position(s) Applied For	Date of Application
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How Did You Learn About Us? If a referral, please state name in appropriate box.

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Employee	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)					

Best time to contact you at home is _____:_____ AM / PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with SGPCS before? Yes No
If yes, give date _____

Have you ever been employed with SGPCS before? Yes No
If yes, give date _____

Are you currently employed? Yes No

Have you filed any litigation against any of your past employers? Yes No

May we contact your present employer? Yes No

Are you a U.S. Veteran? Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Have you ever been convicted of a felony? Yes No
If yes, please explain _____
A positive response is not an automatic bar to employment with the company. The offense for which the person was convicted in relation to the position to which they have applied will be considered. _____
Date Convicted _____

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full Time
 Part Time
 Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER



EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate / Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Employment Dates		Work Performed
Address	From (mm/yy)	To (mm/yy)	
Starting/Present Job Title			
Supervisor	Starting Salary	Ending Salary	
Telephone Number(s)			
Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	Employment Dates		Work Performed
Address	From (mm/yy)	To (mm/yy)	
Starting/Present Job Title			
Supervisor	Starting Salary	Ending Salary	
Telephone Number(s)			
Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	Employment Dates		Work Performed
Address	From (mm/yy)	To (mm/yy)	
Starting/Present Job Title			
Supervisor	Starting Salary	Ending Salary	
Telephone Number(s)			
Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	Employment Dates		Work Performed
Address	From (mm/yy)	To (mm/yy)	
Starting/Present Job Title			
Supervisor	Starting Salary	Ending Salary	
Telephone Number(s)			
Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		



Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

ADDITIONAL INFORMATION

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (Skills/equipment operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
<i>State any additional information you feel may be helpful to us in considering your application.</i>			

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. ___ YES ___ NO



PERSONAL/PROFESSIONAL REFERENCES *Do not include family members or managers listed in work experience*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			
4.			
5.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I certify that the information provided within my resume attached herein is true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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 rules and regulations of the employer.

Signature of Applicant	Date