



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: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, 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"/>			
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"/>			

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/handicap 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

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: _____

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

Comments and Additional Information

Comments, including explanation of any gaps in employment.

Job Qualifications, including any special training, skills, licenses, and/or certificates.

Professional, trade, or business associations relevant to the position you are applying for.

Disclaimer and Signature

I certify that each my answers, and all information furnished on this application are true, complete and accurate and that I have not withheld or omitted any material information or response.

I understand that false, misleading or incomplete information in my application, interviews or any other part of the preemployment process may result in my immediate termination and/or the withdrawal of any employment offer.

I understand that any employment at SBS is "at-will" and is not for a fixed term or definite period. Either SBS or I may terminate the employment relationship at any time, with or without cause or notice.

I hereby authorize and consent to SBS conducting a background, credit, employment, criminal or other investigation check, and release SBS and any person or entity that provides information or records in connection with that investigation from any claim.

Signature: _____ Date: _____

Referral Source

SBS Web Page Newspaper Ad Walk-In Other _____

Name of person who referred you (if applicable) _____

