

POSITION

- Position for which you are applying: _____

First Choice
Second Choice
- Salary/wage desired: _____ per _____
- Are you available to work:

<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> On-Call
<input type="checkbox"/> Evenings	<input type="checkbox"/> Weekends	<input type="checkbox"/> Overtime	<input type="checkbox"/> Split Shift
<input type="checkbox"/> Other: _____			
- When would you be available to start work? _____
- How did you hear about the availability of the position for which you are applying?

<input type="checkbox"/> Newspaper Advertisement	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Current Employee
<input type="checkbox"/> Friend	<input type="checkbox"/> Relative	<input type="checkbox"/> Walk-In <input type="checkbox"/> Other: _____
- If the position you are applying for requires the use of a vehicle, do you have a valid driver's license? Yes No
 License #: _____ Class: _____ State: _____ Expiration Date: _____
- Can you meet the attendance standards of our company, which require all employees to report for work on time for all scheduled days or shifts? Yes No

SPECIAL SKILLS AND TRAINING

- Describe specialized training, apprenticeships, skills or research:

- List current certifications and/or professional licenses, if any, and where registered:

Please indicate any language skills, other than English, below: My primary language is _____

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT EXPERIENCE

Directions: Begin with your present or last job.

Employer	Dates Employed from _____ to _____	Address	Job Title
Employer	Dates Employed from _____ to _____	Address	Job Title
Employer	Dates Employed from _____ to _____	Address	Job Title
Employer	Dates Employed from _____ to _____	Address	Job Title

EDUCATION AND TRAINING

TYPE of SCHOOL	SCHOOL NAME, CITY and STATE	MAJOR	# YRS. Attended
High School		N/A	
Community College		From: _____ To: _____	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No
College/University		From: _____ To: _____	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No
Business/Trade/Night School		From: _____ To: _____	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT REFERENCES

Name	Business Relationship	Organization/Address	Telephone

CERTIFICATION

DIRECTIONS: PLEASE READ THE FOLLOWING CAREFULLY AND INITIAL BEFORE SIGNING THIS APPLICATION FORM.

I hereby certify that I have personally completed this application and that the answers given by me to the questions and statements are true and complete and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason to end further consideration of this application; if discovered after my employment, such false statement will be sufficient reason for dismissal from the services of SSB regardless of the time that has elapsed before discovery.

I authorize SSB or its designated agents to contact my references and investigate my past employment, credit history, education credentials, Department of Motor Vehicles driving record, and other employment-related activities, without providing me prior notice of such requests. I agree to cooperate in such investigations and release those parties supplying such information to SSB from all liability or responsibility with respect to information supplied to SSB.

If an Investigative Consumer Report is required by my employer, I hereby authorize, request and give my consent to obtain such information including my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy format, shall be valid for one year from the date indicated next to my signature below. I will be notified if employment is denied because of information obtained from a Consumer Reporting Agency as required by the *Fair Credit Reporting Act*. Additionally, I understand that if requested within 60 days, I will receive a full and accurate disclosure as to the nature and substance of all information provided.

I understand that filing this application in no way assures me a position with SSB, and that this application is not, and is not intended to be, a contract of employment. I understand that if employed, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, and at the option of either SSB or myself. I further understand that no one other than the President of SSB has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If employed by SSB, I agree to abide by the rules, policies and procedures of the company and subsequent rules, policies and procedures that may become effective after hire. I understand that my initial and continued employment may be contingent upon the successful completion of a medical examination, and such examination may include drug and alcohol screening. I understand that SSB believes strongly in a drug-free work environment and agree to abide by the drug and alcohol policies of SSB during the time of my employment.

Signature of Applicant

Date