

Employment Application

Personal

NAME _____

BIRTH DATE _____

CONTACT PHONE _____

_____/_____/_____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Are you over 18 years of age? Yes No

If hired can you provide proof of eligibility to work in the United

States prior to your start date? Yes No

Person to be contacted in case of an emergency:

Name _____ Phone _____

Address _____

Education

High School name and Location

No. of years attended _____ Graduated? Yes No

College School name and Location

No. of years attended _____ Graduated? Yes No

Technical School name and Location

No. of years attended _____ Graduated? Yes No

SYKART LLC. Hires only U.S. citizens and lawfully authorized alien workers. Your name and social security number will be verified with the Social Security Administration. The law prohibits discrimination because of race, color, religion, sex, age, national origin, or a disability, which may be reasonably accommodated.

DRUG TESTING NOTICE TO ALL APPLICANTS

This notice is to inform you that SYKART LLC. Promotes a drug-free work environment. If a job offer is extended to you, you may be required to submit to and pass a drug test for the abuse of illegal substances prior to being hired. Additionally, a drug test may be required following a work-related injury and prior to finalizing a promotion, unless an exception applies in your state.

Availability

What led you to contact us for employment? _____

When can you start work? (date) _____

Looking for? Full Time Part Time Temporary

Are you seeking seasonal employment? If yes, for how long? FROM: _____ TO: _____

Total hours available per week _____

Position(s) desired: _____

HOURS AVAILABLE

	MON	TUE	WED	THR	FRI	SAT	SUN
From							
To							

If hired is there anything that may prevent you from reporting to work each scheduled

day On time? Yes No If yes, please explain: _____

Miscellaneous

Are you able to perform all the essential functions of job for which you are applying with or without accommodation? Yes No

If hired, do you agree to abide by safety rules of the company? Yes No

Have you ever been denied a driver's license, or had your license revoked or suspended? Yes No

If yes, please explain: _____

Have you been convicted of a felony or released from prison/jail within the last 10 years? Yes No

If yes, please explain indicating the charge, place, and action taken.

(A conviction will not necessarily disqualify you from employment.)

Work History

Have you ever worked before? _____

Begin with your most recent employer and account for your last three jobs or the last 7 years, whichever is shorter.

If you worked under a different name, please indicate.

Employer's Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Dates of employment FROM: _____ TO: _____

Position/Duties _____ Full Time Part Time

Name of immediate Supervisor _____

Reason for Leaving _____

Hourly Pay Starting: _____ Present/Final: _____

Employer's Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Dates of employment FROM: _____ TO: _____

Position/Duties _____ Full Time Part Time

Name of immediate Supervisor _____

Reason for Leaving _____

Hourly Pay Starting: _____ Present/Final: _____

Employer's Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Dates of employment FROM: _____ TO: _____

Position/Duties _____ Full Time Part Time

Name of immediate Supervisor _____

Reason for Leaving _____

Hourly Pay Starting: _____ Present/Final: _____

Applicant Signature

Please read the following paragraphs very carefully before signing this application.

I certify that to the best of my knowledge and belief, the statements made by me in this application are correct and complete without omission of any kind. I understand that any false information I give when applying for employment, whether in this application or otherwise, will cause termination of my employment, regardless of when discovered. You are hereby authorized to investigate all the statements made in this application, except for any information about disability and medical conditions or treatment, which is prohibited by the Americans with disabilities Act.

I further agree that I do not have an employment contract and that my employment can be terminated or modified with or without notice or cause at any time by the company or me.

Applicant's Signature

Date

**THIS BOX FOR
COMPANY USE ONLY**

DATE HIRED: _____

SHIFT HIRED FOR:

POSITION HIRED FOR:

HOURLY PAY: \$ _____

FIRST DAY WORKED:
