



Application For Employment

Date of Application

Position(s) Applied For E-mail Address

Source Advertisement Referral Walk-In Internet Posting Other

List referral employed by SRMG past/present

Last Name First Name Middle

Address

City State Zip Phone Number

Have you ever been employed here before? Yes No If Yes, give date

If Native American, Tribal Affiliation/Enrollment #

Have you ever been employed by SRPMIC, its subsidiaries, or its private enterprises?
If yes, give dates and name of business

Dates Business

If employed and you are under 18, can you furnish a work permit? Yes No Over 18

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (*Proof of citizenship or immigration status will be required upon employment.*) Yes No

On what date would you be available for work?

Are you available for work: Full-Time Part-Time Temporary Shift Work

Are you on a lay-off and subject to recall? Yes No Can you travel if a job requires it? Yes No

Do you have a valid driver's license? Yes No

If "Yes", in what state was it issued? Class/License Type? (A,D,CDL)

Indicate in the box languages you speak, read, and/or write, example: English, etc...

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.

(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status).

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. Name	<input type="text"/>	Address	<input type="text"/>	Phone	<input type="text"/>
2. Name	<input type="text"/>	Address	<input type="text"/>	Phone	<input type="text"/>
3. Name	<input type="text"/>	Address	<input type="text"/>	Phone	<input type="text"/>

Employment Experience (please do not put "see resume", complete in full)

List your current job and past jobs held in order of most recent . Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

Current Employer (or most recent)	Dates Employed		Work Performed
	From	To	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Reason for Leaving		
Address			
Job Title			
Supervisor			

May we contact this employer Yes No

Employer	Dates Employed		Work Performed
	From	To	
Telephone			
	Reason for Leaving		
Address			
Job Title			
Supervisor			

Employer	Dates Employed		Work Performed
	From	To	
Telephone			
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Telephone			
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Address			
Job Title			
Supervisor			

May we contact employers listed on this page Yes No

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience.

Education

	Elementary School	High School	College/University Name	Graduate/Professional
School Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City/State	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Years Completed/ Degree (fill in highest completion year)	4 5 6 7 8 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	9 10 11 12 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Indicate Diploma Degree/GED	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities	<input type="text"/>			

Honors Received: State any additional information you feel may be helpful to us in considering your application.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

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 one year. Any applicant wishing to be considered for employment beyond this time period would need to reapply.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

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

Please click button for verification of information in lieu of electronic signature

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks

Interviewer Date

Employed Yes No Date of Employment

Job Title Hourly Rate/Salary

Department

By _____
NAME AND TITLE

DATE