

**APPLICATION FOR EMPLOYMENT**

**We do not discriminate on the basis of race, color, religion, national origin, sex, age or disability**

Job Applied for: \_\_\_\_\_ Todays Date \_\_\_\_\_

Are you seeking: Full Time  Part Time  Temporary  Employment ?

When can you start to work ? \_\_\_\_\_

\_\_\_\_\_  
Last Name / First Name / Middle Name / Telephone Number

\_\_\_\_\_  
Present Street Address City State

Are you 18 years of age or older ? Yes  No   
( If you are hired, you may be required to submit proof of age)

If hired, can you furnish proof that you are eligible to work in the US? Yes  No

Have you ever applied here before ? Yes  No  If yes, when ? \_\_\_\_\_

Have you ever worked here before ? Yes  No  If yes, when? \_\_\_\_\_

Are you currently employed ? Yes  No

Have you ever been convicted of a crime ? Yes  No  If yes, when ? \_\_\_\_\_

( A" yes" answer does not automatically disqualify you from employment, since the nature of the offense, date and the job for which you are applying will also be considered.)

Are you now or do you expect to be engaged in any other business or employment ? Yes  No

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

**For Driving jobs only:** Do you have a valid driver's license ? Yes  No

Have you had your driver's license suspended or revoked in the last 3 years ? Yes  No

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

EDUCATION: <u>List Name and Address of Schools</u>	Number of Years Completed	Diploma/Degree Certificate		Course of Study
		Yes	No	
High School or GED:	_____	_____	_____	_____
College or University:	_____	_____	_____	_____
Vocational or Technical:	_____	_____	_____	_____

What skills or additional training do you have that are related to the job for which you are applying ?

\_\_\_\_\_

\_\_\_\_\_

What machines or equipment can you operate that are related to the job for which you are applying?

\_\_\_\_\_

\_\_\_\_\_

**List names of employers in consecutive order with present or last employer first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. PLEASE GIVE MONTH AND YEAR.**

<b>Name of current / most recent employer:</b>	Job Title	Duties:
Address:		Dates of Employment:
Phone Number:		From: To:
Supervisor:		
Reason for Leaving:		Pay: Start: \$ Final: \$
<b>Name of employer:</b>	Job Title	Duties:
Address:		Dates of Employment:
Phone Number:		From: To:
Supervisor:		
Reason for Leaving:		Pay: Start: \$ Final: \$
<b>Name of employer:</b>	Job Title	Duties:
Address:		Dates of Employment:
Phone Number:		From: To:
Supervisor:		
Reason for Leaving:		Pay start: \$ Final: \$

May we contact your present employer ?      Yes       No

Have you ever been fired from a job or  
Asked to resign ?      Yes       No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you hold a license to carry a firearm, please indicate and state your reason \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer ( except as previously noted ) past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that employment with Solar Atmospheres is not for any definite period of time. I further understand that employment at Solar Atmospheres is terminable at will, by the employer or by the employee, with or without cause and with or without notice. Only the president of Solar Atmospheres has the right to change this policy and any such change must be in writing, and signed by him.

I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment if required.

I understand that Solar Atmospheres may request an investigative report concerning my criminal record. I hereby consent to the company obtaining such information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date