

General Information:

Do you have any skills, abilities or trainings that might qualify you for the desired position you are applying for?

Have you ever been discharged or asked to resign employment? Yes No

If yes, state reason: _____

Education:

			Graduate (please circle)	Degree/Certificate/ Diploma Earned
			Yes No	
Grade School Name	Address, City, State	Phone		
			Yes No	
High School Name	Address, City, State	Phone		
			Yes No	
College/Vocational School Name*	Address, City, State	Phone		
			Yes No	
College/Vocational School Name*	Address, City, State	Phone		
			Yes No	
Other Name*	Address, City, State	Phone		

*You may be asked to provide copies of any diplomas/certificates of completion if offered employment.

Please circle highest degree earned:

Associate Bachelor Masters PhD

Additional Information:

Indicate any further information that may be relevant to your ability or skills to perform in the position for which you have applied.

List equipment you have operated and/or tools you have used as it relates to the position for which you have applied.

Miscellaneous (check all that apply):

Check which shifts you are **NOT** willing to accept:

Day _____	Evening _____
Night _____	Weekends _____
Overtime _____	

References:

List three (3) references, **exclude** relatives and previous employers

Reference Name/Relationship	Address, City, State	Phone	Occupation/Title	Years Acquainted

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In case of emergency, notify:

Name	Address	Relationship	Phone Number

Employment History:

Employer Name	Address, City, State	Phone	Start Date	End Date	Begin wages (optional)	End wages (optional)	May we contact this employer?
							Yes No
Name/Title of Supervisor	Starting Position Title	Position Title upon leaving	Number/Titles of employees you supervised:		Reason for leaving:		
Brief description of your responsibilities:		Relevant equipment/tools used:			What did you like most/least about this job?		

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Certification

By signing below, I certify that the information given in this application is true and complete to the best of my knowledge.

I understand that any omission or material misstatement on my application, resume or other document submitted in support of my application, or during any pre-employment interview, shall be grounds for rejection of my application or, if I am employed by the Sollami Company, for discipline up to and including immediate termination.

I further understand that employment pursuant to this application is not an express or implied contract of employment with the Sollami Company. I understand that submission of this application in no way assures me of a position. I understand that if I am hired I agree to conform to the Sollami Company's policies, rules and regulations. I understand that I will be an "at will" employee which means that my employment can be terminated at any time with or without cause and with or without notice at my option, or at the company's option.

I further understand that any offer of employment by the Sollami Company may be contingent upon the results of a reference and background check, pre-employment physical examination which may include a blood, urine and/or other medical test for alcohol, drugs and controlled substances, or other permitted pre-employment testing. I understand and agree that the company may require me to submit to a drug or alcohol screen after I am employed. Prior to such testing, I agree to sign the Sollami Company's authorization forms wherein I will agree to submit to such testing and to authorize the release of the results to the Sollami Company.

Date

Applicant's Signature

Thank you for your interest in employment opportunities with the Sollami Company.

This authorization shall remain valid for the greater of 90 days or for so long as I am employed by the Sollami Company.

Authorization for Background and Reference Check

It is policy of the Sollami Company that employment is based in part upon the results of background checks, criminal histories, and other matters relevant to suitability for employment. Therefore, applicants interested in obtaining employment with the Sollami Company must sign the following release allowing former employers to provide the Sollami Company with job related information and criminal background checks.

I authorize the Sollami Company to thoroughly investigate my references, work record, education, criminal conviction record and any other matters relevant to my suitability for employment. I also authorize my former employers and co-workers or other employees to disclose to the Sollami Company, or to anyone acting on behalf of the Sollami Company, any and all of my employment records, including my disciplinary reports and letters of reprimand, without giving me notice of such disclosure. I hereby fully release and discharge the Sollami Company, my former employers, their respective officers, employees and agents, and all other persons and entities from any and all claims, demands, and liabilities arising out of or in any way relating to such investigation or disclosure.

In the event I am hired by the Sollami Company, I also authorize continued background screening while in the course of my employment for purposes of promotion, reassignment, or retention.

Date

Applicant's Signature

This authorization shall remain valid for the greater of 90 days or for so long as I am employed by the Sollami Company.