



# Pre-Employment Application Form

Please answer all questions on this application, even if a resume is submitted. An original application must be received by the Human Resources Department. We are an Equal Opportunity Employer.

Date: \_\_\_\_\_

**Please print or type the following information:**

Name: \_\_\_\_\_  
Last First Middle Social Security Number

Current Address: \_\_\_\_\_  
Street City, State Zip Phone

Permanent Address: \_\_\_\_\_  
Street City, State Zip Phone

Position applying for? \_\_\_\_\_ Desired Salary? \_\_\_\_\_

When will you be available to begin work? \_\_\_\_\_

**Please circle, check or fill in the appropriate responses:**

1 Are you 18 years of age or older?	Yes	No
2 Do you have your high school diploma or equivalent (GED)?	Yes	No
3 If hired, will you furnish proof of age?	Yes	No
4 Are you a U.S. Citizen, or do you have a legal right to work in the U.S.? If not a U.S. citizen, please indicate employment eligibility status:	Yes	No
5 Are you a veteran of the U.S. armed forces? Branch of service? _____ Entrance Date: _____ *NOTE: If yes, Please provide an undeleted certified copy of your DD214	Yes	No
7 Have you ever applied to our company before? When? _____	Yes	No
8 If you are considered for the position, will you consent to a pre-employment background check, physical examination, drug/alcohol test or other pre-employment testing?	Yes	No

Please indicate how you learned of employment opportunities through our company:

- Employee Agency (please specify) \_\_\_\_\_
- Newspaper Other (please specify): \_\_\_\_\_
- Internet

**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:**

			Did you Graduate?		Degree/Certificate/ Diploma Earned
			Yes	No	
Grade School Name	Address, City, State	Phone			
High School Name	Address, City, State	Phone			
College/Vocational School Name*	Address, City, State	Phone			
College/Vocational School Name*	Address, City, State	Phone			
Other Name*	Address, City, State	Phone			

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

Please check the box of the 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

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

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

In case of emergency, notify:

Name	Address	Relationship	Phone Number

**Employment History:**

Employer Name	Address, City, State	Phone	Start Date	End Date	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?		

Employer Name	Address, City, State	Phone	Start Date	End Date	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?		

# Employment History:

Employer Name	Address, City, State	Phone	Start Date	End Date	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?		

Employer Name	Address, City, State	Phone	Start Date	End Date	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?		

## 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.*