

## **APPLICATION FOR EMPLOYMENT**

All applicants will be considered for employment without regard to race, religion, color, sex, national, origin, age, marital or veteran status, medical condition or handicap, or any other status protected by law. We are an Equal Opportunity Employer.

Soc. Sec.#  Home Phone: ( )  Business Phone: ( )  In No  Employment Agency
□ No Employment Agency □ Employee □ Relative
□ No Employment Agency □ Employee □ Relative
Employment Agency   Employee   Relative
If NO, a work permit will be required.
ited States?   Yes   No verifying your employment eligibility).
Salary or Wages desired: \$ \pi \text{ Hr. } \pi \text{ Wk.}
art Time   Night   Shift   Temporary   se specify days and hours you are available:
toAM/PM   Wed.:AM/PM toAM/PM
toAM/PM
If YES, enter date here://
If YES, enter date here://
necessary?   No
ES, can we contact your present employer? $\Box$ Yes $\Box$ No
□ No If YES, please list name (s) and department:
If YES, list name(s) of employer(s):
ffenses)? Note that Driving Under the Influence of alcohol or drugs is If YES, list convictions:
E

EDUCATION					
HIGH SCHOOL	Name				
	Location				
Number of years completed	Did you graduate?   Yes   No				
What was your course study?	Academic Business Trade or Technical Other				
COLLEGE	Name				
	Location				
Number of years complete	ed Did you graduate?   Yes   G.P.A				
What was you major?	Degree:				
	te course of education?   Yes  No  If õYes,ö what was your post-graduate field of study?  Degree:				
Trade, Business or Correspondence School	Name				
Number of years complete	Location				
What was your course of t	raining or study?				
	SPECIAL QUALIFICATIONS OR SKILLS  any special qualifications or skills you have acquired through special training, prior specience:				
	FOREIGN LANGUAGES				
Indicate foreign language	(s) you are familiar with:				
Language:					
	MEMBERSHIPS				
	essional, Community or Activities Memberships and any offices you may have held s the name and character of which would reveal race, religion, national origin or any other				

'RIOR EMPLOYMENT (S	Start with most recent employer)	
Employer:	Phone:	From: To:
Address:	( ) City, State, Zip:	Position:
1001000.	City, State, Zip.	- Soundin
Duties:		Supervisors Name:
Reason for leaving:		Final Salary/Wages:
Employer	Phone:	From: To:
Employer:	rnone.	Tom.
Address:	City, State, Zip:	Position:
Duties:		Supervisors Name:
Reason for leaving:		Final Salary/Wages:
Employer:	Phone:	From: To:
Address	( )	Position:
Address:	City, State, Zip:	POSITION:
Duties:		Supervisors Name:
Reason for leaving:		Final Salary/Wages:
	N.	
Employer:	Phone:	From: To:
Address:	City, State, Zip:	Position:
	• •	
Duties:		Supervisors Name:
Reason for leaving:		Final Salary/Wages:
	MILITARY SERVICE	
Vere you a member of the U.S. Armed Fo Are you currently enlisted in the National (	rces?  Ves  No Branch  Chard?  Ves  No	
	Guard: 1 res 1 No	
	Years served:	Rank of discharge:
	PERSONAL REFERENCES	
	I ERSONAL REPERENCES	
ist three personal references (exclude rela	atives or former employers)	
NAMES	ADDRESS	TELEPHONE
	<u> </u>	
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## APPLICANT® STATEMENT

The information provided by me in this application for employment is true and complete to the best of my knowledge. I understand that omissions, misrepresentations, or any false statement contained herein will result in rejection of my application, or if I am hired, will result in termination of my employment.

The Company has my permission and consent to contact directly or employ the services of investigative agencies to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing and I release the Company and all other parties from any possible damages resulting from disclosing such information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing and I release the Company and all other parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to the Company.

I understand that if I am hired by the Company, I will have no contact of continued employment and I understand that as with all other employees of the company, my employment will be õat-will.ö This means that I may resign such employment at any time with or without prior notice.

This application will be considered valid for a period of 60 days. After 60 days it will be necessary for me to submit a new application.

Signature of Applicant	Date

Silver Creek Supply LLC Phone: (208) 327-0519 Fax: (208) 322-7630