Application of Employment



					Date of Applicat	tion
•			Resource Departm First		Middle _	
Present Addı	ress					
Home Phone	ne Phone Cell Phone		hone	SS #		
DL#	DL	State:	Exp. Date:		18 yrs. or older	?
lf under 18, c	an you provide	e required	proof of your eligi	bility to work?		
Referred By			Best time to	contact you:		
Position Applied For			Desired	Salary		
Date available to work			Which a	Which are you available to work: Full Time Part Time		
Have you file	d an application	on with us	before?	_ If so, what da	ate?	
Have you eve	er been employ	ed with us	s?	_ If so, what da	ite?	
-	give reason fo					
		•	r than spouse) wo			
		·		ork liele?		
•	name and relati		-			
Are you curr	ently employed	i?	Comp	any		
Phone	1	_ May we i	nquire your prese	nt employer?		
Who should EDUCATION	we contact –					
	School	Nan	ne & Location	No of Yrs.	Graduate	Subjects / Degree
	Grammar					
Hi	gh School					
	College					
	de/Business respondence					
Special Skills.	Qualifications.	and Conside	erations Summarize s	special skills and o	ualifications, volu	unteer activities, military

experience, employment or other activities related to the job you are seeking:

SLC, LLC. is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. Title I of the Americans with Disabilities Act of 1990 requires an employer to provide reasonable accommodation to qualified individuals with disabilities who are employees or applicants for employment, unless to do so would cause undue hardship.

If you are hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility.

FORMER EMPLOYERS (All applicants applying for a driving position must list your last 10 years of employment.)

EmployerAddress Telephone Number	Your Job Position		
Telephone Number			
	Employed from	to	o (mo/yr)
Your Salary: Starting / Ending	Duties		
What did you like most about your job?			
Reason for Leaving:			
Employer	Supervisor's Name		
Address			
Telephone Number			
Your Salary: Starting / Ending			
What did you like most about your job?			
Reason for Leaving:			
Formland	Companying of a Name		
Employer			
Address Telephone Number			
Your Salary: Starting / Ending What did you like most about your job?			
Employer	Supervisor's Name		
Address	Your Job Position		
Telephone Number	Employed from	to	(mo/yr)
Your Salary: Starting / Ending	Duties		
What did you like most about your job?			
Reason for Leaving:			
Include explanation of a	ny gaps in employment on	an attached blank she	eet.
REFERENCES			
List three (3) non-relatives who are familiar with yo	our qualifications, work history,	and ability.	
Name Occupation	/Relationship	ears Known	Telephone

If you are hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be at will and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing in the form of a formal contract, signed by the employee and an officer of the company personnel.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the company the results of the examination, which results shall remain confidential and segregated from my file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug tests, and if I am hired a condition of my employment will be that I abide by the company's drug and alcohol policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the company to hire. If hired, I agree to abide by all company work rules, policies and procedures. The company retains the right to revise its policies or procedures, in whole or in part, at any time.

If you are applying for a driving position, please fill out the driver addendum.

Signature	
Printed Name	
Date	