



APPLICATION FOR EMPLOYMENT

Position(s) Applied For	Date of Application
How were you referred to us?	

Last Name	First Name	Middle Name
Address		City State/Zip Code
Home Phone Number () ()	Mobile/Beeper/Other () ()	Social Security Number
Person to Contact in an Emergency	Relationship	Phone Number

Best time to contact you at home is _____ : _____ (AM/PM)

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

Have you ever filed an application with SSMI previously? If yes, give date: _____ Yes No

Have you been employed with SSMI previously? If yes, give date: _____ Yes No

Do any of your friends or relatives, other than your spouse, currently work for SSMI? Yes No

Are you currently employed? Yes No

Are you a U.S. Citizen? Yes No
 If no, are you authorized by Immigration and Naturalization to work in the U.S.?
(Proof of citizenship or immigration status will be required upon employment) Yes No

Have you ever pled "guilty" or "no contest" to or been convicted of a crime? Yes No
 If yes, give dates/details: _____

Were you ever discharged by any company? Yes No
 If yes, give reason/list company(ies): _____

Date Available to Start: _____ / _____ / _____

Are you available to work:

<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary (Dates available _____ / _____ / _____ to _____ / _____ / _____)	What is your desired salary range? _____ Days Available (Please check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Monday</td> <td><input type="checkbox"/> Saturday</td> </tr> <tr> <td><input type="checkbox"/> Tuesday</td> <td><input type="checkbox"/> Sunday</td> </tr> <tr> <td><input type="checkbox"/> Wednesday</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Thursday</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Friday</td> <td></td> </tr> </table>	<input type="checkbox"/> Monday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Sunday	<input type="checkbox"/> Wednesday		<input type="checkbox"/> Thursday		<input type="checkbox"/> Friday	
<input type="checkbox"/> Monday	<input type="checkbox"/> Saturday										
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Sunday										
<input type="checkbox"/> Wednesday											
<input type="checkbox"/> Thursday											
<input type="checkbox"/> Friday											

Are you willing to travel? Yes No

PREVIOUS EMPLOYMENT (Starting with most recent position)

Employer #1	Dates Employed		List Responsibilities	
	From	To		
Address				
Phone #	Hourly Rate/Salary			
Title	Starting	Final		
Supervisor				
Reason for Leaving				May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer #2	Dates Employed			List Responsibilities
	From	To		
Address				
Phone #	Hourly Rate/Salary			
Title	Starting	Final		
Supervisor				
Reason for Leaving			May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer #3	Dates Employed		List Responsibilities	
	From	To		
Address				
Phone #	Hourly Rate/Salary			
Title	Starting	Final		
Supervisor				
Reason for Leaving				May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer #4	Dates Employed			List Responsibilities
	From	To		
Address				
Phone #	Hourly Rate/Salary			
Title	Starting	Final		
Supervisor				
Reason for Leaving			May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

[If you need additional space for previous employment, please continue on a separate sheet of paper.]

Please summarize special job-related skill or qualifications

EDUCATION

School Type	School Name/Address	Course of Study	Years Completed	Graduated (Yes or No)
High School				
College				
Graduate School				
Other (Specify)				

REFERENCES

Name	Address	Phone	Title/Company

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. In submitting this application for employment, I hereby authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. Only the President of the Company is authorized to modify this policy. Any modification effectuated by the President of the Company must be in writing. No oral modifications by any officer, including the President, are valid under any circumstances.

I understand that receipt of this application by SSMI does not imply employment and that this application and/or any other SSMI documents are not a contract of employment. If I receive an "offer" of employment by SSMI, that offer may be made contingent on satisfactory results of a pre-employment drug screening. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all policies and procedures of the employer.

Applicant's Signature: _____ Date: _____
[Please read carefully before signing]