**Silco Incorporated - Application for Employment** 

Equal Opportunity Employer

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL** | | | | | | | | |
| FULL NAME (FIRST MIDDLE LAST) | | | | | | | PHONE NUMBER | |
| PRESENT ADDRESS | | | | | CITY, STATE, ZIP | | | |
| CELL PHONE NUMBER | | | | EMAIL ADDRESS | | | | |
| POSITION APPLYING FOR | | | | | TODAY'S DATE | | | |
| ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH THE COMPANY? [ ] YES [ ] NO IF YES, NAME  OF RELATIVE: | | | | | | | | |
| HAVE YOU EVER APPLIED/WORKEDFOR THE COMPANY BEFORE? [ ] YES [ ] NO IF YES, WHERE? APPROXIMATE DATE: MO/YR. | | | | | | | | |
|  | | | | | | | | |
| HOW WERE YOU REFERRED? | | | | | | | | |
| ARE YOU CURRENTLY EMPLOYED?  [ ] YES [ ] NO | | WAGE EXPECTED | | | DATE AVAILABLE FOR WORK? | | | |
| **GENERAL INFORMATION** | | | | | | | | |
| IF UNDER AGE 18, CAN YOU SUPPLY WORKING PAPERS? [ ] YES [ ] NO | | | | | | | | |
| ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT  PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? [ ] YES [ ] NO | | | | | | | | |
| HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? [ ] YES [ ] NO IF YES, PLEASE EXPLAIN: | | | | | | | | |
| US MILITARY OR NAVAL SERVICE | | | | | RANK | | | |
| **EDUCATION** | | | | | | | | |
| EDUCATION | NAME AND LOCATION OF SCHOOL | | MAJOR SUBJECT | | # YEARS ATTENDED | DID YOU GRADUATE (Please Circle) | | DEGREE |
| HIGH SCHOOL/GED |  | |  | |  | YES | NO |  |
| COLLEGE |  | |  | |  | YES | NO |  |
| GRADUATE SCHOOL |  | |  | |  | YES | NO |  |
| BUSINESS. TRADE OTHER |  | |  | |  | YES | NO |  |
| **EMPLOYMENT HISTORY** | | | | | | | | |
| **BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)** | | | | | | | | |
| POSITION / JOB TITLE | | | FROM | MONTH |  | STARTING SALARY | DESCRIBE YOUR JOB DUTIES  . | |
| NAME OF COMPANY/TYPE OF BUSINESS | | | YEAR |  |  |
| ADDRESS, CITY, STATE, ZIP | | | TO | MONTH |  | ENDING SALARY |
| YEAR |  |  |
| NAME & TITLE OF IMMEDIATE SUPERVISOR | | | PHONE NUMBER  ( ) | | | MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO | | |
| REASON FOR LEAVING | | | | | | | | |
| POSITION / JOB TITLE | | | FROM | MONTH |  | STARTING SALARY | DESCRIBE YOUR JOB DUTIES | |
| NAME OF COMPANY/TYPE OF BUSINESS | | | YEAR |  |  |
| ADDRESS, CITY, STATE, ZIP | | | TO | MONTH |  | ENDING SALARY |
| YEAR |  |  |
| NAME & TITLE OF IMMEDIATE SUPERVISOR | | | PHONE NUMBER  ( ) | | | MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO | | |
| REASON FOR LEAVING | | | | | | | | |

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| **EMPLOYMENT HISTORY** | | | | | | | |
| POSITION / JOB TITLE | | FROM | MONTH |  | STARTING SALARY | DESCRIBE YOUR JOB DUTIES | |
| NAME OF COMPANY/TYPE OF BUSINESS | | YEAR |  | $ |
| ADDRESS, CITY, STATE, ZIP | | TO | MONTH |  | ENDING SALARY |
| YEAR |  | $ |
| NAME & TITLE OF IMMEDIATE SUPERVISOR | | PHONE NUMBER | | | MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO | | |
| Offered other job | | | | | | | |
|  | | | | | | | |
| **ADDITIONAL EXPERIENCE OR QUALIFICATIONS** | | | | | | | |
| Please also list any experience, skills or other qualifications, which you believe should be considered in evaluating your qualifications for employment. | | | | | | | |
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| **PERSONAL OR BUSINESS REFERENCES** | | | | | | | |
| **NAME** | **PHONE** | | **OCCUPATION** | | **YEARS KNOWN** | | **RELATIONSHIP** |
|  |  | |  | |  | |  |
|  |  | |  | |  | |  |
|  |  | |  | |  | |  |
| **NOTIFICATION AND AGREEMENT** | | | | | | | |
| **READ CAREFULLY BEFORE SIGNING**  I certify that all answers given by me are true, accurate, and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.  I authorize the investigation of all statements and information contained in this application and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release from all liability anyone supplying such information and I also release the employer from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such.  It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.  I understand that if offered a position, I may be required to submit to a pre-employment drug screening as a condition of employment. I also understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of this pre-employment test will result in a withdrawal of any employment offer or termination of employment if already employed.  If hired, I agree to abide by all of the company rules and regulation, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment.  **I agree that any claim or lawsuit relating to my employment at or termination of employment from Silco Inc., must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.**  Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.  I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.  **APPLICANT SIGNATURE DATE** | | | | | | | |

Applications are in an active status for 30 days