

Application for Employment

SHIPMAN ELEVATOR COMPANY

An Equal Opportunity Employer

1. You must fully and accurately complete this Application for Employment. Incomplete applications will not be considered.
2. This Application for Employment will be inactive after ninety (90) days. If you want to be considered after that time, you must complete a new Application for Employment.

NAME: _____
 Last First Middle

SOCIAL SECURITY # _____

PRESENT ADDRESS: _____
 Street City State

PRIOR ADDRESS: _____
 Street City State

PHONE NO: _____ REFERRED BY: _____

____ YES ____ NO If you are hired, can you supply proof of your age?

____ YES ____ NO If you are hired, can you supply the required documentation to verify your lawful right to work in the United States?

____ YES ____ NO Have you ever been convicted of a felony? If yes please explain: _____

POSITION DESIRED:	DATE YOU CAN START	SALARY DESIRED:
_____	_____	\$ _____

ARE YOU EMPLOYED NOW? IF SO MAY WE INQUIRE OF YOUR
YES _____ NO _____ EMPLOYER? ____ YES ____ NO

HAVE YOU EVER BEEN EMPLOYED
BY THIS COMPANY BEFORE? YES _____ NO _____ WHEN? _____

EDUCATION:	NAME OF OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
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HIGH SCHOOL _____

COLLEGE _____

TRADE SCHOOL _____

FORMER EMPLOYERS (MOST RECENT EMPLOYER FIRST)

DATE MO/YR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
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FROM
TO _____

FROM
TO _____

FROM
TO _____

FROM
TO _____

FROM
TO _____

FROM
TO _____

WHICH OF THESE EMPLOYERS CAN WE CONTACT FOR A REGERENCE REGARDING
YOUR JOB PERFORMANCE?

I CERTIFY THAT ALL FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT OMISSION OR MISREPRESENTATION OF FACTS MAY BE GROUNDS FOR REJECTION OF THIS APPLICATION OR FOR DISMISSAL FROM EMPLOYMENT IF SUBSEQUENTLY DISCOVERED.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND OF THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION, PERSONAL OR OTHERWISE. I RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT , IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD, AND REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES OR SALARY, I MAY BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE. I FURTHER UNDERSTAND THAT ONLY THE EMPLOYER'S PRESIDENT OR ANOTHER PERSON SPECIFICALLY DESIGNATED BY THE EMPLOYER'S PRESIDENT HAS THE AUTHORITY TO CREATE OR ENTER INTO ANY EMPLOYMENT AGREEMENT ON BEHALF OF THE EMPLOYER.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO COMPLY WITH ALL RULES, REGULATIONS, AND EMPLOYMENT POLICIES OF THE EMPLOYER.

DATE: _____

SIGNATURE: _____