

EMPLOYMENT APPLICATION



APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Street Address						Apartment/Unit #	
City			State		ZIP		
Phone			E-mail Address				
Date Available		Position Applied for				Desired Salary	

Please notify us if you are unable to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation.

Are you legally eligible to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you at least 18 years old?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been terminated from employment or asked to resign by an employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

EDUCATION

High School				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references.

Full Name				Relationship			
Company				Phone /Email			
Address							
Full Name				Relationship			
Company				Phone /Email			
Address							
Full Name				Relationship			
Company				Phone /Email			
Address							

PREVIOUS EMPLOYMENT

Company		Phone	
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Address		Supervisor	
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Job Title		Starting Salary	\$	Ending Salary	\$
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Responsibilities					
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From		To		Reason for Leaving	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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Company		Phone	
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Address		Supervisor	
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Job Title		Starting Salary	\$	Ending Salary	\$
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Responsibilities					
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From		To		Reason for Leaving	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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Company		Phone	
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Address		Supervisor	
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Job Title		Starting Salary	\$	Ending Salary	\$
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Responsibilities					
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From		To		Reason for Leaving	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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MILITARY SERVICE

Branch		From		To	
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Rank at Discharge		Type of Discharge	
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If other than honorable, explain					
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Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain. _____

DISCLAIMER AND SIGNATURE

SMW Engineering Group, Inc. (SMW) is an equal opportunity employer. SMW does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service, genetic information, or any other characteristic protected by law.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for SMW to hire me. If I am hired, I understand that either SMW or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of SMW has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to SMW true and complete information on this application. No requested information has been concealed. I authorize SMW to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature

Date