

Section I - Personal Information

Screen Tek is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

APPLICANT NAME: _____ **DATE:** _____

POSITION APPLIED FOR OR TYPE OF WORK DESIRED: _____

ADDRESS: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: _____ **CELL NUMBER:** _____

SOCIAL SECURITY NUMBER: _____

TYPE OF EMPLOYMENT DESIRED: **FULL TIME** **PART TIME** **TEMPORARY**

DATE AVAILABLE TO START WORK: _____

Are you able to meet the attendance requirements? _____

Do you have any objection to working overtime if necessary? _____

Can you travel if required for this position? _____

Have you ever been previously employed by our organization? _____

Can you submit proof of legal employment authorization & identity? _____

If you are under 18, can you furnish a work permit if it is required? _____

Have you ever been convicted of a crime in the last 7 years? _____

If yes, please explain (a conviction will not automatically bar employment): _____

Drivers license number (if driving is an essential job duty): _____

How were you referred to us? _____

Section II - Employment History

Please provide all employment information for your past four employers starting with the most recent.

EMPLOYER: _____ POSITION HELD: _____

ADDRESS: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____

IMMEDIATE SUPERVISOR & TITLE: _____

EMPLOYED FROM : _____ TO: _____ SALARY: _____

JOB SUMMARY: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ POSITION HELD: _____

ADDRESS: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____

IMMEDIATE SUPERVISOR & TITLE: _____

EMPLOYED FROM : _____ TO: _____ SALARY: _____

JOB SUMMARY: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ POSITION HELD: _____

ADDRESS: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____

IMMEDIATE SUPERVISOR & TITLE: _____

EMPLOYED FROM : _____ TO: _____ SALARY: _____

JOB SUMMARY: _____

REASON FOR LEAVING: _____

Section III - Skills & Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Section IV - Educational History

HIGH SCHOOL: _____ YEARS COMPLETED: _____

COURSE OF STUDY: _____ DEGREES EARNED: _____

COLLEGE: _____ YEARS COMPLETED: _____

COURSE OF STUDY: _____ DEGREES EARNED: _____

TECHNICAL TRAINING: _____ YEARS COMPLETED: _____

COURSE OF STUDY: _____ DEGREES EARNED: _____

OTHER: _____ YEARS COMPLETED: _____

COURSE OF STUDY: _____ DEGREES EARNED: _____

Section V - References

List 3 references names, telephone numbers, and years known (do not include relatives or employers):

NAME: _____ PHONE: _____ YEARS KNOWN: _____
NAME: _____ PHONE: _____ YEARS KNOWN: _____
NAME: _____ PHONE: _____ YEARS KNOWN: _____

Section VI - Agreement

I hereby authorize Screen Tek to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability Screen Tek and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or Screen Tek can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of Screen Tek not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these terms and conditions.

YOUR SIGNATURE: _____ DATE SIGNED: _____