N.T.			
Name			

APPLICATION FOR EMPLOYMENT

An Equal Opportunity **Employer**

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without discrimination on the basis of race, color, sex (including gender identity and sexual orientation), marital status, religion, age, national origin, genetic information, citizenship status, pregnancy and related medical conditions, physical or mental disability, or past, present, or future service in the Uniformed Services of the United States, or any other basis prohibited by local, state, or federal law. The use of this form does not mean there are positions open and does not obligate us in any way.

An Equal **Opportunity Employer**

Date

PERSONAL INFORMATION									
Name (Print)		Home o	Home or Nearest Phone						
Present Address			Social Security No.						
			Email						
(City)	(State) (Z	ip)							
Contact in Case of	f Emergency								
	(N	(ame)	(Telephone Number)						
_	ess less than one year, please give pre								
Are you at least 1	8 years of age?	(Employment is subject to	verification of minimum	n legal age.)					
	documented proof of your identity an r's license, Social Security card, birth			∐Yes ☐ No					
Position(s) applied for How soon could you report to work?									
Type of employment desired									
What days and hours,	if part-time? Days	Hours							
From () AM to () PM EDUCATION									
		EDUCATION	Check Last Year	Graduate?					
Type of School	Name and Address of School	Courses Majored In	Completed	Show Degree					
Elementary/Middle			5 6 7 8						
High School			9 10 11 12						
College			1 2 3 4						
Post Graduate									
Have you applied for a job with us before?									
How did you come to	apply?	☐ Former Employee ☐ New	vspaper Ad High Scl	hool Recruitment					
			er						
Have you ever been bonded?									
If yes, state reason an									
•	onvicted of a violation of the law except rt, and place where offense occurred	simple possession of marijuana	or a minor traffic violation	? Yes No					
ii yes, state date, cour	t, and place where offense occurred	(A conviction will not nec	cessarily disqualify you from	m employment)					
Have you ever been d	ischarged or requested to resign from a p	osition?							
Are you employed now?									
Have you ever held a	position of trust (handling money or confi	fidential material)?	□ No						
If yes, describe									
Do you have any reas	on to believe that you would have difficu	lty meeting this company's wor	k schedules?	□ No					
Are you able to perform the essential functions of the position applied for, with or without reasonable accommodations? Yes No									
Form EEO-4VA ©2020 SESCO Mgt. ConsultantsAll rights reserved. This personnel form may not be reproduced, stored in a retrievable system or transmitted, in whole or in part, in any form by any means SESCO P.O. Box 1848 - Bristol. TN. 37621									

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PRIOR WORK RECORD (Start with most recent or present employer and complete in full.) Name and Address of Most Recent Employer Telephone No. Date Hired Immediate Supervisor (Name & Position) Starting Rate Job Title & Duties Last Rate Date Left Reason for Leaving May we contact this employer? ☐ Yes \square No Telephone No. Name and Address of Former Employer Immediate Supervisor (Name & Position) Date Hired Starting Rate Job Title & Duties Last Rate Date Left Reason for Leaving May we contact this employer? ☐ Yes \square No Name and Address of Former Employer Telephone No. Immediate Supervisor (Name & Position) Date Hired Starting Rate Job Title & Duties Date Left Last Rate Reason for Leaving May we contact this employer? ☐ No ☐ Yes Please provide any additional information such as special skills, training, experience, equipment operation, or other qualifications you feel will be helpful to us in considering your application._ **REFERENCES** (Do not list relatives or former employers) Name Address Telephone Name Telephone Address Name Address Telephone Job Applicant's Agreement and Certification "I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information." "I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the company retains the same right." "If I am offered employment, I agree to submit to a physical examination whenever requested, and I understand my becoming employed and/or my continued employment are subject to the results of any physical examination related to my job duties in accordance with company policies and procedures." "I understand that if employed, policies, and rules which are issued are not conditions of employment and that the employer may revise policies or procedures in whole or in part, at any time." "I understand that this application will be kept on active file for 60 days from the date completed, after which time I would have to reapply in accordance with established company procedures." (Signature of Applicant) (Date)