

EMPLOYMENT APPLICATION



SERTINOS IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS OUR POLICY THAT ALL APPLICANTS WILL BE CONSIDERED SOLELY ON THE BASIS OF QUALIFICATIONS AND ABILITY, WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN OR HANDICAP.

PLEASE PRINT. COMPLETE THIS FORM IN DETAIL. BE SPECIFIC AND FILL IN ALL APPROPRIATE BLANKS. ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE.

NAME (LAST, FIRST, MIDDLE)			NAME CALLED BY	DATE APPLICATION COMPLETED
STREET ADDRESS			YEARS AT THIS ADDRESS	
CITY	STATE	ZIP	TELEPHONE NUMBER ()	SOCIAL SECURITY NUMBER - -
HAVE YOU EVER BEEN EMPLOYED BY SERTINOS PREVIOUSLY?		IF YES, WHEN AND WHERE		
<input type="checkbox"/> YES <input type="checkbox"/> NO				
DO YOU HAVE THE LEGAL RIGHT TO WORK PERMANENTLY IN THE U.S.?		IF NO, EXPLAIN		
<input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU EVER BEEN CONVICTED OF A CRIME?		IF YES, EXPLAIN		
<input type="checkbox"/> YES <input type="checkbox"/> NO				
HOW SOON CAN YOU START WORK?	HOW WILL YOU GET TO WORK?	WHO REFERRED YOU TO THIS COMPANY?		
NAME AND RELATIONSHIP OF RELATIVES EMPLOYED BY SERTINOS		NAME	RELATIONSHIP	
POSITION:	SHIFT WORK AND OVERTIME MAY BE REQUIRED DEPENDING ON JOB ASSIGNMENT. WILL YOU WORK...			
<input type="checkbox"/> MANAGER	DAYS: <input type="checkbox"/> YES <input type="checkbox"/> NO	EVENING: <input type="checkbox"/> YES <input type="checkbox"/> NO	OVERTIME: <input type="checkbox"/> YES <input type="checkbox"/> NO	SAT., SUN & HOLIDAYS IF REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> STAFF				

EDUCATION								
CIRCLE HIGHEST SCHOOL GRADE COMPLETED:	ELEMENTARY SCHOOL 1 2 3 4 5 6	JR. HIGH 7 8	HIGH SCHOOL 1 2 3 4	COLLEGE	OTHER:			
NAME	CITY AND STATE COMPLETED		YEARS LEFT	DATE	GRADUATED		MAJOR SUBJECTS	AVERAGE GRADES
HIGH SCHOOL					YES	NO		
BUSINESS SCHOOL								
TECHNICAL SCHOOL								
COLLEGE								
CORRESPONDENCE SCHOOL								
OTHER								
ARE YOU TAKING ANY COURSES NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT						

PERSONAL CHARACTER	
DO YOU SMOKE ON THE JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU ABLE TO BE TO WORK ON TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT RECORD				
INCLUDE ALL PREVIOUS EMPLOYERS, INCLUDING PART TIME EMPLOYMENT AND SUMMER WORK. BEGIN WITH PRESENT OR MOST RECENT EMPLOYER.				
A. NAME OF EMPLOYER B. BUSINESS ADDRESS	DATES EMPLOYED MO. YR.	A. POSITION YOU HELD B. NAME OF SUPERVISOR	EARNINGS PER HOUR	REASONS FOR LEAVING
A.	FROM	A.	START	
B.	TO	B.	FINISH	
A.	FROM	A.	START	
B.	TO	B.	FINISH	
A.	FROM	A.	START	
B.	TO	B.	FINISH	
A.	FROM	A.	START	
B.	TO	B.	FINISH	
A.	FROM	A.	START	
B.	TO	B.	FINISH	

MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	MAY WE CONTACT YOUR PREVIOUS EMPLOYERS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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