

# Application for Employment

Please complete this application in full. Do not reference resume.

## Personal Data (Please print)

Full Name: \_\_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First M.I.

Other names under which you have been employed:

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Have you ever applied for employment with or worked for SCO or any of its affiliates? Is so, where & when?

Please name any relatives currently or formerly employed at SCO or any of its affiliates.

Are you eligible for employment in the U.S. by virtue of being one of the following (Answer with a single "yes" or "no" – Do not specify a category): (a) U.S. Citizen; (b) Permanent resident; (c) Asylee; (d) Refugee; or (e) Other lawful temporary amnesty status? Yes  No

Are you at least 18 years of age? Yes  No

Are you currently subject to a non-disclosure, non-complete, or non-solicitation agreement? Yes  No

If yes, identify company and describe restrictions? \_\_\_\_\_

## Position Desired

Position: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Full-Time  Temporary  Part-Time  Date Available: \_\_\_\_\_

How were you referred to Smith-Columbia Corporation?

Newspaper  Agency  School  College Recruiting  Internet

Referral  If so, who: \_\_\_\_\_

Other (Please Explain) \_\_\_\_\_

## Education

Name / Location	Years Completed	Major Course Work	GPA	Did You Graduate?	Degree / Diploma Earned	Year Earned/ Expected to Earn
High School _____ _____ City State	_____	_____ _____ _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ _____ _____	N/A

### Education (Continued)

College / University _____ _____		_____ _____		Yes <input type="checkbox"/>	_____ _____
City _____		_____ _____		No <input type="checkbox"/>	_____ _____
State _____					
Other _____ _____		_____ _____		Yes <input type="checkbox"/>	_____ _____
City _____		_____ _____		No <input type="checkbox"/>	_____ _____
State _____					

List Applicable Seminars, Other Related Training, Licenses and Certificates:

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### Skills

Summarize any skills and abilities that may qualify you as being able to perform job related functions in the position for which you are applying:

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### Employment History

Have you ever been terminated by an employer for reasons of poor performance, insubordination, or violation of company policy? If so, Please explain.

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List in order beginning with current or most recent employer. Please make sure all time lapses are explained. If you need additional space, please continue on a separate sheet.

Company Name	Telephone #
Address	City State Zip
Job Title	Immediate Supervisor
Work Performed	Date From: Mo _____ Yr _____ To: Mo _____ Yr _____
Reason for Leaving	Ending Salary/Wage
May we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employment History Continued			
Company Name	Telephone #		
Address	City	State	Zip
Job Title	Immediate Supervisor		
Work Performed	Date		
	From: Mo _____	Yr _____	
	To: Mo _____	Yr _____	
Reason for Leaving	Ending Salary/Wage		

Company Name	Telephone #		
Address	City	State	Zip
Job Title	Immediate Supervisor		
Work Performed	Date		
	From: Mo _____	Yr _____	
	To: Mo _____	Yr _____	
Reason for Leaving	Ending Salary/Wage		

Professional References (References should consist of at least two supervisors and may not be relatives)					
Name	Title	Company	Relationship	# of Years Acquainted	Telephone #
1)					( )
2)					( )
3)					( )

## Acknowledgement

I acknowledge that the information I have supplied on this application, in my resume and during my interviews is correct, to the best of my knowledge, and may be verified by Smith-Columbia Corporation. I understand that any falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or immediate dismissal from subsequent employment.

I understand that consideration for employment in this position is contingent upon the results of a reference and background check. I therefore authorize Smith-Columbia Corporation to investigate all statements made on my application and to discuss the results of its investigations with those responsible for hiring. I further authorize Smith-Columbia Corporation to contact my former employer(s) and any listed references or other persons who can verify information, and I give my consent for former employer(s) and other contracted persons to respond to questions pertaining to information on this application and my suitability for employment. Further, I release Smith-Columbia Corporation and any individuals from any claims arising from making or responding to such inquiries.

I understand that, if an offer of employment is made by SCO, the offer may be contingent upon completion of a background investigation, and upon successful outcome of a pre-employment drug test.

I understand that, if employed by Smith-Columbia Corporation, I will be required to sign and adhere to a Non-Disclosure Agreement.

I understand that, if Smith-Columbia hires me, my employment will be at will, meaning that either I or Smith-Columbia can terminate it at any time for any reason. I understand that acceptance of an offer of employment does not create a contractual obligation upon Smith-Columbia to continue to employ me in the future. I understand that no representative of Smith-Columbia is authorized to state or imply that a contract of employment exists between the Company and me. Verbal discussions by Smith-Columbia representatives of terms and conditions of employment do not alter the "at-will" relationship which employees enjoy with Smith-Columbia.

I understand that this application for employment is current for only 90 days. If I do not hear from Smith-Columbia and still wish to be considered for employment, it will be necessary for me to complete a new employment application.

I understand that, if I am employed by Smith-Columbia, I will be required to abide by all of Smith-Columbia Corporation's rules and regulations. In compliance with the Immigration Reform and Control Act of 1986, I understand that any offer of employment will be contingent upon my ability to present Smith-Columbia Corporation with specific documentation as to my identity and authorization to work in the United States or its territories within the time limits prescribed by the Act. I understand that my failure to submit such proof within the required time shall result in my immediate termination.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**Flow Data Record**

Applicants are considered for all positions, and employees are treated during their employment without regard to their race, color, creed, religion, sex, national origin, age, marital status, sexual orientation, military status or any non-job-related handicap or medical condition.

As an employer taking affirmative action to ensure the removal of any possible past discrimination, and to help comply with government record-keeping requirements, we would appreciate your completing the form in this box. However, COMPLETION OF THIS FORM IS STRICTLY VOLUNTARY. This data will be physically separated from the remainder of your job application before the application is considered for possible employment.

This information will be kept in a confidential file, SEPARATE FROM YOUR APPLICATION FOR EMPLOYMENT.

Date: \_\_\_ / \_\_\_ / \_\_\_ Position(s) Applied for: \_\_\_\_\_

How were you referred to our Company?

Newspaper Advertisement  A Private Employment Agency  A relative or friend employed by this company   
Other (Please

Explain)

**Personal Traits**

Check One: Male  Female

Check One:

White  Hispanic or Latino  Asian/Pacific Islander Native  Black or African American

Native Hawaiian/Pacific Islander  American Indian/Native Alaskan  Two or More Races

Check Any That Apply: Vietnam Era Veteran  Disabled Veteran  \_\_\_\_\_



**Drug Screen Authorization**

I, \_\_\_\_\_, do hereby give my consent to Smith-Columbia® Corporation and/or its  
*(Associate/Applicant)*

designated representative (physician) to collect a urine sample from me and further give my consent to Smith-Columbia® Corporation and/or its designated representative to forward the urine sample to a laboratory of its choosing for the performance of appropriate tests thereon to identify the presence of drugs. I furthermore give the laboratory my permission to release the results of such tests to Smith-Columbia® Corporation.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_