

PLEASE PRINT OR TYPE

DATE

NAME: LAST, FIRST, MIDDLE

SOCIAL SECURITY NO.

ADDRESS: STREET, CITY, STATE, ZIP

HOME PHONE

CELL PHONE

TEMPORARY PHONE

ARE YOU OVER
18 YEARS OF AGE
 YES NO

TYPE OF WORK & POSITION DESIRED

1)

2)

HAVE YOU EVER WORKED FOR THIS COMPANY
OR FOR ANY OF ITS SUBSIDIARIES OR AFFILIATES?

LIST ANY COMPANY EMPLOYEES YOU KNOW - SPECIFY IF RELATED TO YOU

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR THEFT? IF YES, PLEASE EXPLAIN (A CONVICTION WILL NOT AUTOMATICALLY BAR AN APPLICATION FROM EMPLOYMENT CONSIDERATION.)

IS YOUR CITIZENSHIP OR IMMIGRATION STATUS SUCH THAT YOU CAN LAWFULLY WORK IN THE UNITED STATES?
(IF HIRED, CONTINUED EMPLOYMENT MAY BE DEPENDENT UPON PROOF OF CITIZENSHIP OR PRESENTATION OF ALIEN REGISTRATION NUMBER.)

- EMPLOYMENT HISTORY -
GIVE COMPLETE EMPLOYMENT HISTORY, MOST RECENT EMPLOYER FIRST.
OTHER NAME(S) UNDER WHICH EMPLOYMENT AND/OR EDUCATION MAY BE VERIFIED.

FROM (MO./YR.)	COMPANY	TELEPHONE	STARTING SALARY \$ PER
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TO (MO./YR.)	ADDRESS	STREET	CITY	STATE	ZIP	FINAL SALARY \$ PER
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SUPERVISOR'S NAME/TITLE	TYPE OF BUSINESS	MAY WE CONTACT THIS EMPLOYER?
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YOUR POSITION(TITLE)	RESPONSIBILITIES/DUTIES
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SPECIFIC REASON FOR LEAVING

FROM (MO./YR.)	COMPANY	TELEPHONE	STARTING SALARY \$ PER
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TO (MO./YR.)	ADDRESS	STREET	CITY	STATE	ZIP	FINAL SALARY \$ PER
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SUPERVISOR'S NAME/TITLE	TYPE OF BUSINESS	MAY WE CONTACT THIS EMPLOYER?
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YOUR POSITION(TITLE)	RESPONSIBILITIES/DUTIES
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SPECIFIC REASON FOR LEAVING

LIST ANY ADDITIONAL EMPLOYMENT HISTORY BELOW, IF MORE SPACE IS REQUIRED. ATTACH SUPPLEMENT

DATE		JOB TITLE	COMPANY NAME AND ADDRESS
FROM	TO		

PLEASE LIST BELOW ANY SPECIAL SKILLS, CLERICAL SKILLS, MACHINES, OR PROCESSES WITH WHICH YOU HAVE EXPERIENCE.
INDICATE LENGTH OF TIME FOR EACH.

SCHOOL NAME	LOCATION CITY & STATE	GRADUATED? YES NO	MAJOR COURSE DEGREE RECEIVED?
HIGH SCHOOL			IF NO, CIRCLE GRADE COMPLETED 7 8 9 10 11 12
COLLEGE/UNIVERSITY			
ARE YOU ATTENDING SCHOOL NOW?	SCHOOL NAME	SUBJECTS	

SCHOLASTIC HONORS/COLLEGE OR HIGH SCHOOL ACTIVITIES

LANGUAGES - SPECIFY LANGUAGE(S) IN WHICH YOU ARE PROFICIENT
 SPEAK: _____ READ: _____ WRITE: _____

PROFESSIONAL SOCIETIES OR ORGANIZATIONS

REFERENCES PLEASE PROVIDE THE INFORMATION REQUESTED BELOW FOR AT LEAST THREE PERSONS, NEITHER RELATED TO YOU NOR FORMER EMPLOYERS WHOM YOU HAVE KNOWN FOR AT LEAST TWO YEARS THAT WE MAY CONTACT.

NAME:	ADDRESS:	BUSINESS:	TELEPHONE NO.

MILITARY SERVICE

HAVE YOU SERVED IN THE U.S. ARMED FORCES?	BRANCH	DATE ENTERED	DATE DISCHARGED	RANK AT DISCHARGE

SPECIAL TRAINING RECEIVED IN THE MILITARY

NOTICE: TITLE 15 OF THE U.S. CODE, SECTION 1681 AND FOLLOWING, REQUIRES THAT WE ADVISE YOU THAT A ROUTINE INQUIRY MAY BE MADE WHICH WILL PROVIDE APPROPRIATE INFORMATION REGARDING CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. UPON WRITTEN REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

I understand that this application will be accepted by the company subject to the following conditions:

- 1) I voluntarily give the company the right to conduct a complete background investigation and agree to cooperate in such investigation, and release from all liability or responsible for all persons, companies, or organizations supplying such information.
- 2) I consent to take any physical examinations as may be required by the company. In some instance, an offer of employment may be contingent upon passing a physical examination.
- 3) If employed, I agree to comply with all plant, field and office rules to wear or use protective clothing or equipment as required by the company.
- 4) I further understand that any misrepresentation by me on this application or any supplement thereto, or in connection with the above mentioned investigation will be sufficient grounds for immediate discharge.
- 5) I hereby agree that, if employed, I will not divulge any information confidential to this company or of its subsidiaries or affiliates while employed or at anytime of this company.
- 6) If any employment relationship established, I also understand that I retain the right to terminate my employment at any time and that SCI, I Miller or Tool Depot retains a similar right.
- 7) I understand that statements contained in policies, handbooks and other company material do not create any guarantee of employment. I understand that I may rely on statements to the contrary only if they are in writing and signed by an authorized company official.

APPLICANTS SIGNATURE _____ DATE _____

POST EMPLOYMENT INFORMATION ** DO NOT COMPLETE UNTIL REQUESTED BY THE INTERVIEWER**

IN AN EMERGENCY NOTIFY:

DATE OF BIRTH: _____			
NAME _____	ADDRESS _____	RELATIONSHIP _____	TELEPHONE _____
NAME _____	ADDRESS _____	RELATIONSHIP _____	TELEPHONE _____