

APPLICATION FOR EMPLOYMENT

Position Being Applied For: _____

Application Date: _____

PERSONAL INFORMATION

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone Number: _____

Email: _____

Are you legally eligible to work in the United States?

Yes

No

Are you over the age of 18 years?

Yes

No

Can you, with or without reasonable accommodations, perform the essential functions of this job?
(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)

Yes

No

Have you ever applied to this company before?
(If yes, please give date: _____)

Yes

No

Have you ever worked for this company before?
(If yes, please give date: _____)

Yes

No

Have you ever been convicted of a felony?
(A conviction will not necessarily disqualify you.)

Yes

No

If yes, please explain: _____

Do you have a valid driver's license?
(For driving positions only.)

Yes

No

Have you been convicted of any moving violations in the past five (5) years?

Yes

No

If yes, please explain: _____

Are you related to anyone employed by our company?

Yes

No

If yes, please give their name and relationship to you: _____

What salary or rate of pay do you expect to receive if employed? _____ per _____



Have you ever been fired or asked to resign from a job?

Yes

No

If yes, please explain: _____

On what date would you be available to work? _____

DAYS AND HOURS AVAILABLE

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

EDUCATION

Elementary	Name of school:	Highest grade completed:	Diploma/certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No
High School	Name of school:	Highest grade completed:	Diploma/certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No
College	Name of school:	Program:	Diploma/Degree:
Graduate	Name of school:	Program:	Diploma/Degree:
Vocational	Name of school:	Program:	Diploma/Degree:
Other courses, workshops, seminars, certifications, licenses, degrees:			

REFERENCES

(Please list three persons, who are not related to you or previous supervisors, who can provide professional references.)

Name	Phone Number	Relationship/Occupation	Years Known



EMPLOYMENT HISTORY

Please start with current or most recent employer. Do not exclude any employment. Include any applicable temporary employment. Attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation.

Company Name:	Employment Dates		Salary		Name & Title of Supervisor
	From:	To:	Start:	End:	
Address				Phone:	
Describe your duties:					
Reason for Leaving:					

Company Name:	Employment Dates		Salary		Name & Title of Supervisor
	From:	To:	Start:	End:	
Address				Phone:	
Describe your duties:					
Reason for Leaving:					

Company Name:	Employment Dates		Salary		Name & Title of Supervisor
	From:	To:	Start:	End:	
Address				Phone:	
Describe your duties:					
Reason for Leaving:					



DRUG SCREENING

StressCrete Group maintains a pre-employment drug screening practice designed to prevent hiring individuals who use illegal drugs or individuals whose use of legal drugs or alcohol indicates a potential of impaired or unsafe job performance. Your signature on this form indicates your understanding of this policy and acts as consent for a drug test.

_____ I understand that if StressCrete Group hires me, I must submit to a drug test, and do hereby agree to do so.

_____ I understand that if StressCrete Group will only consider the information contained in this application for thirty days and that if after that time I have not been employed by StressCrete Group, I will need to submit another application if I wish to be considered for future employment.

I certify that all information submitted on this application is true and accurate. I understand that any falsehood found may be grounds for termination.

Applicant: _____

Date: _____

AUTHORIZATION

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated with or without cause, and with or without notice, at either my or the company's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than the President, and then only when in writing and signed by the President, has the authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

Date: _____

Signature: _____

* Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, or veteran status.

Please send completed application form to hrkansas@scgrp.com.

