



HR initials _____
Hiring location _____

Employment Application

An Equal Opportunity Employer

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Current Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Previous Address:

Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____
 Alternate Phone: _____ Business Telephone _____

Are you 18 years or older YES NO
 In Emergency notify _____

Name Address Phone

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Job Interest

Are you available to work: Full Time Part-Time Summer Temporary Intern

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for:

Are there days of the week that you cannot work: Yes NO If yes, please explain

What shift can you work: Day Afternoon Night

Please check shift preference Day Afternoon Night

Are you willing to travel: YES NO

Are you willing to re-locate YES NO

How soon can you start _____

Employment Information

Have you ever worked for Sebright Products? YES NO

Supervisor's Name: _____

Dates of Employment _____

Position Held _____

Your name at time of employment _____

Why did you leave _____

Do you have any Close Relatives working here? YES NO

List Names: _____

How were you referred to Sebright Products?

College Placement <input type="checkbox"/>	Advertisement <input type="checkbox"/>	Employment Agency <input type="checkbox"/>	By Employee <input type="checkbox"/>	Military Service <input type="checkbox"/>	Walk In <input type="checkbox"/>	Referral or letter <input type="checkbox"/>	Career Center <input type="checkbox"/>	State Employ. Agcy <input type="checkbox"/>	Other <input type="checkbox"/>
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Who Referred you to Sebright Products _____

Are you:		
Employed Now:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
On Lay-off and Subject to recall:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
In-Between Jobs:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If employed now, what shift do you work _____

Have you ever been discharged from a company YES NO

If yes, List company name, date and reason _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

Highest grade completed.

Grade School								High School				Tech		College				Post Graduate			
1	2	3	4	5	6	7	8	9	10	11	12	1	2	1	2	3	4	1	2	3	4

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

What other types of schooling, professional or technical training, seminars or special certifications, etc., have you completed:

List any academic achievements, awards, scholarships or honors you have received:

You may exclude those which disclose your race, religion, national origin, gender, age, veteran status, or disability

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

By indicating that we may contact your supervisor(s) listed *above*, you are hereby releasing any such employer or persons from any and all liability on account of furnishing such information.

List any special experience skills, qualifications, or volunteer activities which you feel would qualify you for employment at Sebright Products:

List any professional associations for organizations you belong to:

You may exclude those which disclose your race, religion, national origin, gender, age, veteran status, or disability

References

Please list three professional references.

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Major Duties: _____

List any job-related skills or training acquired during military service:

PRODUCTION/FACORY, SKILLED TRADES APPLICANTS:

Please check only the skill areas in which you have experience

GENERAL AREAS	SUPPORT AREAS	SKILLED TRADES
<input type="checkbox"/> Assembler	<input type="checkbox"/> Crew/Line Leader	<input type="checkbox"/> Carpenter
<input type="checkbox"/> Die Casting	<input type="checkbox"/> Hi-Lo Driver/Forklift	<input type="checkbox"/> Electrician
<input type="checkbox"/> General Factory	<input type="checkbox"/> Inventory	<input type="checkbox"/> Electronic Technician
<input type="checkbox"/> Glass Work (cutting, grinding Coating Etc)	<input type="checkbox"/> Janitorial	<input type="checkbox"/> HVAC
<input type="checkbox"/> Inspector	<input type="checkbox"/> Machine set-up	<input type="checkbox"/> Machine Repair
<input type="checkbox"/> Machine Operator	<input type="checkbox"/> Maintenance, General	<input type="checkbox"/> Machinist
<input type="checkbox"/> Molding	<input type="checkbox"/> Material Handler	<input type="checkbox"/> millwright
<input type="checkbox"/> Spray Painting	<input type="checkbox"/> Quality Control	<input type="checkbox"/> Mold Maker
<input type="checkbox"/> Valid Driver's License	<input type="checkbox"/> Shipping/Receiving	<input type="checkbox"/> Tool & Die
	<input type="checkbox"/> Warehousing	<input type="checkbox"/> Welder
	<input type="checkbox"/> Truck Driver	<input type="checkbox"/> Other
	<input type="checkbox"/> Other	

Disclaimer and Signature

I understand that, in the event I am employed by Sebright Products, I am employed "at-will", which means the form of employment is not definite and my employment may be terminated at any time, with or without cause, by either myself, or Sebright Products and the agreement can only be changed by a written agreement signed and executed by the company General Manager.

I represent that the answers and information given by me in this application or in any resume are true and complete to the best of my knowledge. Without limiting the at-will employment relationship, I understand that my employment may be terminated at any time if you discover that I have provided incomplete, untrue or misleading answers in this Application or on any other document or form executed by me at any time during my employment.

I understand Sebright Products is committed to a drug, alcohol and smoke-free environment. This commitment involves certain rules and procedures including the following:

DRUG SCREENING: I understand that one of the conditions of employment is successfully passing a drug and alcohol screening.

SMOKING IN THE WORKPLACE: I understand that Sebright Products provides a smoke free work environment. Smoking is restricted to designated areas at each location.

I hereby authorize you to verify the information given and to investigate my background as deemed necessary. I authorize former employers, educational institutions, personal references, or any other agencies, institutions or persons (collectively referred to as "person"), to provide you any information they have regarding me without receiving written notice from me. I hereby release and agree to hold harmless from liability and covenant not to sue any person providing information pursuant to this authorization.

I agree that this application is not an offer of employment. I agree that if I am employed, I shall not commence any action or other legal proceeding relating to my employment or the termination thereof more than six months after the event complained of and agree to waive any statute of limitations to the contrary.

I understand that I may receive a medical examination after an offer of employment and, if employed, from time to time during the course of my employment. I hereby consent to such examinations and recognize employment is dependent upon my ability to meet the physical requirements necessary to perform the duties of the job or position.

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____