



Employment Application

Prospective employees will receive consideration without discrimination because of race, religion, color, sex, national origin, marital status, age, genetic predisposition, sexual orientation, citizenship, veteran status or any other legally protected status. The company does not discriminate against otherwise qualified applicants or employees with physical or mental disabilities that, with or without reasonable accommodation, can satisfactorily perform the essential duties of the job.

PERSONAL

Last Name	First	Middle	Date
Street Address			Home Phone ()
City, State, Zip			Business Phone ()
Have you ever applied for employment with us? ___ Yes ___ No		If Yes: Month/Year	Social Security #
Position Desired		Pay Expected	
Apart from absence for religious observance, can you work full time? ___ Yes ___ No If not, what hours can you work? _____			
Will you work overtime if asked? ___ Yes ___ No			
Are you legally eligible for employment in the USA? ___ Yes ___ No			
Have you ever been convicted of a crime other than minor traffic violation? Conviction is not necessarily a bar to employment. If yes, give details ___ Yes ___ No			
When will you be available to begin work?			
Other special training or skills (languages, computer skills etc.)			
How did you learn of our organization?			

EDUCATION

School	Name and Location of School	Course of Study	Years Completed	Did you Graduate?	Degree/ Diploma
COLLEGE					
HIGH					
OTHER					

I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed any falsification or omission of fact on this application shall be considered cause for dismissal or if being considered for a job opportunity shall be cause for refusal of employment.

I authorize you to obtain an investigative report of my personal financial and credit record through any credit agencies or bureaus. I understand that if an employment decision is based on a credit report that the company will advise me of this and will provide me with the name and address of the reporting agency.

I give the company permission to contact all of my previous employers and references and authorize them to provide all information requested of them by the company. In doing so I forever release Sterling & Sterling, Inc, from any claims arising out of my application for employment & information provided to the company regarding my employment at other companies.

I understand that this is an application for employment and that no employment contract is being offered.

Unless otherwise advised, I understand my application will remain open for a maximum of thirty days and that at the conclusion of that time that if I have not heard from the company and still wish to be considered for employment for any position, it will be necessary for me to reapply.

I understand that if hired my employment is at will for no definite term and may be terminated by me or by the company at any time. No statement whether written or oral by any company representative other than a written statement signed by the President shall alter the foregoing.

Date

Signature

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

<div style="border: 1px solid black; display: inline-block; padding: 2px;">1</div>	Phone
Company	()
Address	Employed (State, Month, Year) From To
Name of Supervisor	Annual Salary
State Job Title and Describe Your Work	Reason for Leaving

<div style="border: 1px solid black; display: inline-block; padding: 2px;">2</div>	Phone
Company	()
Address	Employed (State, Month, Year) From To
Name of Supervisor	Annual Salary
State Job Title and Describe Your Work	Reason for Leaving

<div style="border: 1px solid black; display: inline-block; padding: 2px;">3</div>	Phone
Company	()
Address	Employed (State, Month, Year) From To
Name of Supervisor	Annual Salary
State Job Title and Describe Your Work	Reason for Leaving

4	Phone ()
Company	
Address	Employed (State, Month, Year) From To
Name of Supervisor	Annual Salary
State Job Title and Describe Your Work	Reason for Leaving

5	Phone ()
Company	
Address	Employed (State, Month, Year) From To
Name of Supervisor	Annual Salary
State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	<u>DO NOT CONTACT</u>
	Employer Number(s): _____ Reason _____