



Application for Employment

Answer all questions – please print

Date: _____

Position Applied for: _____

Soiland Co., Inc. is an equal opportunity employer and makes employment decisions on the basis of merit. Qualified applicants are considered for employment, and employees are treated during employment, without regard to race, color, creed, gender, religion, national origin or ancestry, age, marital status, registered domestic partner status, medical condition including genetic characteristics, physical or mental disability, sexual orientation or any other consideration made unlawful by federal, state or local laws.

To comply with applicable laws ensuring equal employment opportunities to qualified individuals with a disability, SCI will make reasonable accommodations for the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee, unless undue hardship would result. Any applicant or employee who requires an accommodation in order to perform the essential functions of the job should request such accommodation during the interview process.

To help us comply with Federal/State equal employment opportunity record keeping, reporting, and other legal requirements, please answer questions below. All answers must be printed clearly. Answers that are illegible or incomplete may prevent us from considering your application.

Name: _____
Last *First* *Middle*

Address: _____
Street *City* *State* *ZIP*

Phone: _____ Email Address: _____

How did you hear about our company and this job opening? _____

- Yes No Are you at least 18 years of age?
- Yes No If hired, able to present evidence of your U.S. citizenship or proof of your legal right to work in this country?
- Yes No If hired, would you have a reliable means of transportation to and from work?
- Yes No Able to perform the essential functions of job applying for, either with or without reasonable accommodation?
- Yes No Are you willing to work any shift, including nights and weekends?
- Yes No Have you filed an application or been employed by this Company before? Date(s): _____
- Yes No Do you have friends or relatives who work here? If yes, name(s)? _____

Date available for work: _____ Desired hourly salary range? _____

EDUCATION

	High School	College/University	Vocational / Business
School Name:			
Years Completed (check):	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Diploma/Degree:			
Describe course of study:			

In what languages, other than English, can you converse? _____ Fluent? Yes No
 _____ Fluent? Yes No

Please list any other experience, training, qualifications, or skills that you feel make you suited for work at Soiland:



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EMPLOYMENT EXPERIENCE

Former Employers: List all present and past employment starting with your most recent employer (last 5 years is sufficient). Additional information may be listed on a separate page(s) if necessary. **You must complete this section even if attaching a resume**

Present or Most Recent Employer

Company: _____ Phone: _____

Street address: _____ City: _____ State: _____ Zip code: _____

Type of business: _____ Dates of employment: _____
From (mm/yyyy) To (mm/yyyy)

Name & title of supervisor: _____

Your title / position: _____

Your duties: _____

Supervisory responsibility: No Yes - If yes, number supervised: _____. If yes, duration of supervisory responsibilities: _____

Reason for leaving: _____

May we contact this employer for a reference? Yes No

Previous Employer

Company: _____ Phone: _____

Street address: _____ City: _____ State: _____ Zip code: _____

Type of business: _____ Dates of employment: _____
From (mm/yyyy) To (mm/yyyy)

Name & title of supervisor: _____

Your title / position: _____

Your duties: _____

Supervisory responsibility: No Yes - If yes, number supervised: _____. If yes, duration of supervisory responsibilities: _____

Reason for leaving: _____

May we contact this employer for a reference? Yes No

Previous Employer

Company: _____ Phone: _____

Street address: _____ City: _____ State: _____ Zip code: _____

Type of business: _____ Dates of employment: _____
From (mm/yyyy) To (mm/yyyy)

Name & title of supervisor: _____

Your title / position: _____

Your duties: _____

Supervisory responsibility: No Yes - If yes, number supervised: _____. If yes, duration of supervisory responsibilities: _____

Reason for leaving: _____

May we contact this employer for a reference? Yes No



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Previous Employer

Company: _____ Phone: _____
Street address: _____ City: _____ State: _____ Zip code: _____
Type of business: _____ Dates of employment: _____
From (mm/yyyy) To (mm/yyyy)
Name & title of supervisor: _____
Your title / position: _____
Your duties: _____
Supervisory responsibility: No Yes - If yes, number supervised: _____. If yes, duration of supervisory responsibilities: _____
Reason for leaving: _____
May we contact this employer for a reference? Yes No

Previous Employer

Company: _____ Phone: _____
Street address: _____ City: _____ State: _____ Zip code: _____
Type of business: _____ Dates of employment: _____
From (mm/yyyy) To (mm/yyyy)
Name & title of supervisor: _____
Your title / position: _____
Your duties: _____
Supervisory responsibility: No Yes - If yes, number supervised: _____. If yes, duration of supervisory responsibilities: _____
Reason for leaving: _____
May we contact this employer for a reference? Yes No

REFERENCES

Below, list 3 people, not related to you, who have knowledge of your work performance within the last 3 years.

Name: _____ Phone: _____ No. years acquainted: _____
Address: _____ City, State, ZIP: _____
How are you acquainted with this reference? _____

Name: _____ Phone: _____ No. years acquainted: _____
Address: _____ City, State, ZIP: _____
How are you acquainted with this reference? _____

Name: _____ Phone: _____ No. years acquainted: _____
Address: _____ City, State, ZIP: _____
How are you acquainted with this reference? _____



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APPLICANT'S CERTIFICATION AND AGREEMENT

Please read carefully, initial each paragraph, and sign:

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I understand that Soiland Co., Inc.'s hiring process may include verification of employment. I hereby authorize my former employers to release information to Soiland Co., Inc.

Initials

I understand that, if hired, I will be required to submit documents as proof of the legal right to work in the United States and to complete the required employment eligibility verification document form upon hire.

Initials

I understand I am required, in the event of my employment, to follow to the rules and regulations of Soiland Co., Inc.

Initials

I understand that, if hired, my employment with Soiland Co., Inc. is at-will. That means that either I or Soiland Co., Inc. may end the employment relationship at any time, with or without cause or prior notice. No manager, supervisor or employee of Soiland Co., Inc. has any authority to enter into an agreement for employment for any specified period of time or to make an agreement for employment other than at-will.

Initials

Nothing in this application is intended to create an employment agreement. I understand that should I be hired, all of the provisions contained in this application for employment will be part of the employment arrangement between Soiland Co., Inc. and me and are binding on me.

Initials

I understand that upon an offer of employment, for applicable positions, I must provide a valid Drivers' License with an Authorization for Release of Driver Record Information.

Initials

I understand that upon an offer of employment, for applicable positions, I must pass a pre-employment physical, which will include drug and alcohol testing. I hereby authorize the medical examiner to disclose to Soiland Co., Inc. any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

Initials

I understand that upon an offer of employment, for positions that involve handling money, I will be subject to a background check (civil and criminal) and a credit check.

Initials

Applicant's Signature

Date