



12800 Shawnee Mission Parkway, Shawnee, KS 66216

sci-surfaces.com

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EMPLOYMENT APPLICATION

If you require assistance in filling out this application please notify the person who gave it to you and every effort will be mad to accommodate your request.

Answer all the questions fully and to the best of your ability without answering "refer to resume". Please print or type legibly and then carefully read the certification section: sign and date.

You will also be asked to complete an affirmation action voluntary disclosure - completion is at your sole discretion, and no adverse action or treatment will occur if you choose not to complete the voluntary disclosure form.

→ PERSONAL INFORMATION

Name (First, Middle, Last): _____

Ever been employed under a different name? Yes If Yes, Name used: _____

No If Yes, Date Used: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

How did you hear about us?

Website Agency School Job Posting

Other _____

Referred by current Employee Referred by former Employee

Details: _____

→ WORK PREFERENCE

Indicate the position(s) for which you are applying: _____

You wish to work: Full-Time Part-Time Temporarily Date available to start: _____

Do you have any commitments to another employer that might affect your employment? Yes No

If Yes, Please Explain: _____

→ GENERAL INFORMATION

Have you previously applied with us? Yes No If Yes, Date Applies: _____

Are you legally authorized to work in the United States? Yes No

Have you been convicted of or plead guilty to or "no contest" to any felony or misdemeanor in the past 10 years? (not include minor traffic violations): Yes No If yes, please name the crime: _____

If yes, please name the date of the crime: _____ Place: _____ Conviction: _____

Have you ever been discharged or asked to resign by an employer? Yes No

If yes, please explain: _____

Do you have a valid Driver's License? Yes No If yes, DL State: _____ DL Number: _____

➔ CURRENT/MOST RECENT EMPLOYER

Employer Name: _____

Address: _____ Position Title: _____

City: _____ Name of Supervisor: _____

State: _____ Zip: _____ Date employed: From: _____ To: _____
(Mo/Yr) (Mo/Yr)

Phone: _____ Brief description of duties: _____

Fax: _____

Email: _____

Are you still employed? Yes No If Yes, may we contact current employer: Yes No

If not, why did you leave? Termination Resignation Layoff Mutual Agreement Other

Reason: _____

➔ SECOND MOST RECENT EMPLOYER

Employer Name: _____

Address: _____ Position Title: _____

City: _____ Name of Supervisor: _____

State: _____ Zip: _____ Date employed: From: _____ To: _____
(Mo/Yr) (Mo/Yr)

Phone: _____ Brief description of duties: _____

Fax: _____

Email: _____

Are you still employed? Yes No If Yes, may we contact current employer: Yes No

If not, why did you leave? Termination Resignation Layoff Mutual Agreement Other

Reason: _____

➔ THIRD MOST RECENT EMPLOYER

Employer Name: _____

Address: _____ Position Title: _____

City: _____ Name of Supervisor: _____

State: _____ Zip: _____ Date employed: From: _____ To: _____
(Mo/Yr) (Mo/Yr)

Phone: _____ Brief description of duties: _____

Fax: _____

Email: _____

Are you still employed? Yes No If Yes, may we contact current employer: Yes No

If not, why did you leave? Termination Resignation Layoff Mutual Agreement Other

Reason: _____

→ EDUCATION INFORMATION

High School (Print Name and Address)	Yrs Completed	Degree(s) Obtained
College or University (Print Name and Address)	Yrs Completed	Degree(s) Obtained
Graduate or Professional School (Print Name and Address)	Yrs Completed	Degree(s) Obtained
Trade, Night or Online School (Print Name and Address)	Yrs Completed	Degree(s) Obtained
Other (Print Name and Address)	Yrs Completed	Degree(s) Obtained

→ LICENSES & CERTIFICATES

Licenses, Certificates, etc.	Type	State	Date	Actions Against?
Licenses, Certificates, etc.	Type	State	Date	Actions Against?

→ REFERENCES

Name	Business of Personal	Yrs Known	Contact Info.
Name	Business of Personal	Yrs Known	Contact Info.
Name	Business of Personal	Yrs Known	Contact Info.

→ CERTIFICATION - (Please read the following statements carefully before signing)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also acknowledge that any falsified information may disqualify my from further consideration for employment and may be justification for dismissal if discovered at a later date. Any omission from the complete employment record would constitute a falsehood.

I understand that should I become employed by SCI I would be an employee at will. Thus, my employment could be terminated, with or without cause, at any time at the discretion of either the firm or myself. I understand that no management official other than the President has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

Unless specifically noted on this application, I authorize the Company to contact persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information concerning my employment or other relationship with the organization to the Company.

Signature

Date