

SHOCKEY

THE PARTNER OF CHOICE

Position Applying For: _____

Date: / /

PRINT FULL NAME _____

(Last) (First) (Middle)
 PRESENT ADDRESS _____

(No.) (Street)

(City) (State) (Zip Code)

 Social Security Number

 Home Phone Number

 Additional Phone Contact

Are you legally eligible for employment in the United States? YES NO

Are you 18 years old or over? Yes No

Are you willing to work overtime? _____

Have you previously worked for Shockey Company? _____

 Minimum Salary or Wage Expected

EDUCATION

Circle last year of school completed: 8 9 10 11 12 College or Special: 13 14 15 16 Graduate: 17 18 19
 Courses Taken

NAME OF HIGH SCHOOL		
NAME OF COLLEGE		
OTHER(s) <small>Vo-Tech Prep Business</small>		

Have you served in the U.S. Armed Forces? _____ Branch _____ Rank _____ Date of Separation _____

I understand that nothing contained in this employment application is intended to create an employment contract between SHOCKEY and me for either employment or the providing of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand that my employment shall be at-will and that I or SHOCKEY has the right to terminate my employment at any time for any reason. I understand that only the President of SHOCKEY is authorized to amend or alter my employment status.

Signature **X**

EMPLOYMENT HISTORY:

START WITH YOUR PRESENT OR MOST RECENT EMPLOYER AND LIST ALL OF YOUR LAST FIVE EMPLOYERS IN REVERSE ORDER.

↓ PRESENT or LAST EMPLOYER ↓

ADDRESS ↓

From	To	Duties / Equipment Operated	Wages	Reason for Leaving
<small>(No.)</small>	<small>(Street)</small>	<small>(City)</small>	<small>(State)</small>	<small>(Zip)</small>

COMPANY

ADDRESS

From	To	Duties / Equipment Operated	Wages	Reason for Leaving
<small>(No.)</small>	<small>(Street)</small>	<small>(City)</small>	<small>(State)</small>	<small>(Zip)</small>

COMPANY

ADDRESS

From	To	Duties / Equipment Operated	Wages	Reason for Leaving
<small>(No.)</small>	<small>(Street)</small>	<small>(City)</small>	<small>(State)</small>	<small>(Zip)</small>

EMPLOYMENT HISTORY CONTINUED

COMPANY				
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ADDRESS				
(No.)	(Street)	(City)	(State)	(Zip)
From	To	Duties/Equipment Operated	Wages	Reason for Leaving

COMPANY				
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ADDRESS				
(No.)	(Street)	(City)	(State)	(Zip)
From	To	Duties/Equipment Operated	Wages	Reason for Leaving

IN THE EVENT OF AN EMERGENCY, NOTIFY: Name: _____ Relationship _____ Phone # _____

I understand that the processing of my employment application requires the expenditure of time and resources by this employer. I also understand that this employer would not process this application if I had no genuine interest in employment with this employer at the time this application is submitted. Therefore, I hereby represent and certify that I am genuinely and sincerely interested in employment with this employer and that my application is submitted in good faith and genuine interest in employment with this employer.

I hereby consent to a drug screening test. I understand and agree that any omission or falsification of this record may be cause for the disqualification of my application or termination.

Date _____ Signature of Applicant _____

In completing and submitting this application, I understand and agree: (1) That any misstatement of material facts will be sufficient reason for immediate withdrawal of this application or, in the event of employment, be deemed cause for dismissal. (2) That my previous employers may be contacted for information concerning my employment, character, ability, and expertise. (3) That no question on this application has been answered in such a manner as to disclose my sex, race, color, religion, age, disability, or ethnic origin. I further understand that I will not become a full time employee until I have satisfactorily completed the required probationary period of employment.

It is the policy of SHOCKEY to consider all applicants equally without regard to race, color, creed, ancestry, national origin, religion, sex, age, veteran status, marital status, disability, or any other legally protected status. This company will provide reasonable accommodations for otherwise qualified individuals with disabilities.

This certifies that this application was completed by me, and that all entries and information are true and complete to the best of my knowledge.

Signature of Applicant _____ Signature Date _____

CHARACTER REFERENCES:

Name	Address	Occupation

CLERICAL/SECRETARIAL APPLICANTS	
<input type="checkbox"/> CLERICAL	<input type="checkbox"/> RECEPTIONIST/TELEPHONE
<input type="checkbox"/> BOOKKEEPING	<input type="checkbox"/> FILING
<input type="checkbox"/> DICTAPHONE	<input type="checkbox"/> WORD PROCESSING
<input type="checkbox"/> TYPING	<input type="checkbox"/> SECRETARIAL EX.
<input type="checkbox"/> SHORTHAND	<input type="checkbox"/> COMPUTERS

INTERVIEWER'S COMMENTS:

DO NOT COMPLETE UNLESS EMPLOYMENT IS OFFERED AND ACCEPTED. EMPLOYMENT THEN IS CONDITIONAL UPON SATISFACTORY COMPLETION OF DRUG SCREEN.

I have taken the following prescription or non-prescription drugs during the past 30 days. (Please list **ALL** drugs taken or indicate none.)
