

Statewide Enterprises, Inc. Employment Application

General Data					
Last Name	First Name	Middle			
Have you ever used another name? ___ Yes ___ No					
If yes, please specify for purposes of a reference check:					
Present Address	Number	Street	City	State	Zip Code
Home Telephone Number ()			Alternative Telephone Number ()		
Position Applying for			Date of Application		
Full Time or Part Time			Shift of Hours Preferred		
Social Security Number - -	Drivers License Number / Identification Card Number			Expiration Date	

If employed in the position for which you have applied, would you be in a supervisory or subordinate relationship to any relative of your household? Yes No

Personal Data					
Person to notify in case of an Emergency:		Name	Home Telephone Number ()		
Present Address	Number	Street	City	State	Zip Code
How did you hear of this job opening?					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk In	<input type="checkbox"/> Employment		
<input type="checkbox"/> Relative	<input type="checkbox"/> Other				

List membership in professional organizations which you feel would enhance your application. You may exclude any whose names would indicate the race, religious creed, color, national origin, or ancestry of its members.

If under 18 years of age, can you after employment, submit a work permit? N/A Yes No

Have you ever been convicted of anything other than minor traffic citations? Yes No

If "yes" please list any convictions, except for marijuana convictions over two years old

(Note: Conviction is not an automatic bar to employment. Each case will be considered on its own merits).

Typing Speed (wpm):	
Machines Operated:	
Other training/skills (include bilingual ability if relevant to the position for which you are applying):	

Professional & Technical Applicants Only

Professional License Number:	Expiration Date:	Type of License:	State:
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Is there any reason why you would be unable to perform or to safely perform any of the duties of the position for which you have applied, as set forth on the job description for that position? Yes No

If "yes" please explain: _____

Education	High School	College	Trade, Professional School or other
Name			
Address			
City, State, Zip			
Number of Years			
Course or Major			
Diploma/Degree			

Work Experience

Please note: if you have a resume with you or have submitted one, please only complete left side.

Present Employer	Duties Performed
Length of Service (Dates) From To	
Address	
Telephone Number(s)	
Supervisors Name and Position	
Your job Title	
Hourly Rate/Salary Starting Final	
Reason for leaving	
May we contact them now? ___ YES ___ No (If still employed)	
Previous Employer(s)	Duties Performed
Length of Service (Dates) From To	
Address	
Telephone Number(s)	
Supervisors Name and Position	
Your job Title	
Hourly Rate/Salary Starting Final	
Reason for leaving	
May we contact them now? ___ YES ___ No (If still employed)	
	Duties Performed
Length of Service (Dates) From To	
Address	
Telephone Number(s)	
Supervisors Name and Position	
Your job Title	
Hourly Rate/Salary Starting Final	
Reason for leaving	
May we contact them now? ___ YES ___ No (If still employed)	

Applicants Statement

I hereby certify that I have been informed of the duties, the hours and work of the position for which I am applying, and that the information on this application is correct and complete to the best of my knowledge.

I agree to have any of the statements checked by the Company unless I have indicated to the contrary. Further, I understand that falsification or omission of any material information on this application, if I receive a job offer may be considered sufficient cause for immediate termination. I agree that if employed, I will abide by all policies and procedures established by the employer.

I hereby acknowledge that my employment is “at-will” that I may resign at any time and the Company -may terminate my employment at any time, with or without cause, and with or without notice, that any assurances of continued employment, whether written, oral or by conduct, shall not be interpreted as changing the nature of the employment relationship unless specifically acknowledged in writing by the President of the Company.

By: _____

Signature of Applicant

Date

BY TYPING MY NAME, I CERTIFY WITH THE APPLICANTS STATEMENT.

Backgrounds check permission (comprehensive) for prospective employee.

In connection with my application for employment with **Statewide Enterprises, Inc.** (the “company”), I hereby agree as follows:

1. GENERAL CONSENT TO BACKGROUND INVESTIGATION.

As a condition to Company’s consideration of my employment application, I give permission to Company to investigate my personal and employment history. I understand that this background investigation will include, but not be limited to, verification of all information on my employment application.

2. CONSENT TO CONTACT PAST EMPLOYERS.

I specifically give permission to Company to contact all of my prior employers for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with Company, consent to the release of such information orally or in writing and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of Company. I further waive all rights I may have under law to receive a copy of any written statement provided by any of my former employers based to Company. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this Agreement.

3. COOPERATION WITH INVESTIGATION

I further give permission to the Company to receive a copy of any information obtained in the file of any federal, state, or local court, or government agency concerning or relating to me. I further consent to the release of such information and waived any right under law concerning notification of the request for a release of such information. In the event a law does not provide for prospective employers to have access to information, I hereby delegate Company as my agent for the receipt of information. I understand that the scope of this investigation will be limited as required by applicable law.

4. COOPERATION WITH INVESTIGATION

I agree to fully cooperate in Company’s background investigation, and to sign any waives or release that may be necessary or desirable to obtain access to relevant information. In the event that any former employer or federal, state, or local governmental agency will not release reference information or criminal history information directly to the employer. I agree to personally request such information to the extent permitted by law.

5. MISCELLANEOUS

This agreement represents the entire understanding and agreement relating to its subject matter. Company shall be entitled fully to rely on this Agreement. I understand that I have no guarantee of employment and that the Company may determine not to hire me for any lawful reason.

Applicant’s Signature

Date

BY TYPING MY NAME, I AGREE TO COMPREHENSIVE BACKGROUND SEARCH.

For Company Use Only

Interviewed: Yes No

Remarks:

Employed: Yes No

Starting Date: _____

Job Title: _____

Salary: _____

Dept: _____

By: _____

Name and Title

Date