

PLEASE READ THE FOLLOWING CAREFULLY & SIGN BELOW

I declare that I am qualified to perform all the duties of the position I am seeking. I also declare that the information I have provided on this application is correct and that any false statements or omissions will justify my rejection or dismissal. I authorize the company to contact any of my previous employers as well as any reference source to verify the facts and information I have furnished regarding my qualifications and character. I authorize any person(s) having knowledge to provide such information to the company, and release from liability and agree to hold harmless any person that furnishes such information in good faith. I will agree to a drug test, if permitted by law, to be paid for by the company. Should I become involved in a claim for Worker's Compensation or any other litigation after employment by the company, I will allow the company to supply my employment records to any opposing party. If employed by the company, I understand that I will be an employee "at will" and that my employment with Skillets may be terminated at any time by myself or Skillets for any reason whatsoever. Should I become employed by Skillets, I also authorize Skillets to conduct any additional background checks should they become necessary at any point during my employment. I also understand that the terms of my employment shall be based on all provisions described in the Skillets Employee Handbook which may be periodically amended. I further understand that if employed by Skillets no representative of Skillets, other than the CEO, has any authority to modify or change my status as an employee "at will" and that any such modification must be in writing signed by the CEO. Finally, I understand that this is only an application for employment and neither an offer of or a contract of employment and no part of this application shall be construed as an offer of employment or an employment contract.

Applicant Signature: _____ **Date:** _____



WORK EXPERIENCE

List Your Previous Experience Beginning With Your Most Recent Position – DO NOT OMIT EMPLOYERS OR INFORMATION

1 Employer: _____
Address: _____
Phone #: _____
Date Employed From: _____ To: _____
Starting Position: _____
Starting Salary: _____
Last Position: _____
Final Salary: _____
Immediate Supervisor: _____
Supervisor's Phone #: _____
Duties: _____

Reason For Leaving: _____

2 Employer: _____
Address: _____
Phone #: _____
Date Employed From: _____ To: _____
Starting Position: _____
Starting Salary: _____
Last Position: _____
Final Salary: _____
Immediate Supervisor: _____
Supervisor's Phone #: _____
Duties: _____

Reason For Leaving: _____

3 Employer: _____
Address: _____
Phone #: _____
Date Employed From: _____ To: _____
Starting Position: _____
Starting Salary: _____
Last Position: _____
Final Salary: _____
Immediate Supervisor: _____
Supervisor's Phone #: _____
Duties: _____

Reason For Leaving: _____

4 Employer: _____
Address: _____
Phone #: _____
Date Employed From: _____ To: _____
Starting Position: _____
Starting Salary: _____
Last Position: _____
Final Salary: _____
Immediate Supervisor: _____
Supervisor's Phone #: _____
Duties: _____

Reason For Leaving: _____

Will You Receive A Satisfactory Reference From Your Current & All Previous Employers? If “No” Explain
 Yes No

May We Contact Your Current Employer? If “No” Explain
 Yes No

Have You Ever Been Discharged Or Asked To Resign By An Employer? If “Yes” Explain
 Yes No



<i>School</i>	<i>Name of School City, State</i>	<i>Circle Last Year Completed</i>	<i>Did You Graduate?</i>	<i>Major Study</i>	<i>Degree Received</i>
High School		9 10 11 12			
College		1 2 3 4			
College		1 2 3 4			
Graduate School		1 2 3			
Other					

Percentage of School Expenses Earned: None 0 – 25% 25 – 50% 50 – 75% More Than 75%

College Grade Average: _____

Positions of leadership, activities, honors and accomplishments in school, military or business that are related to the job for which you are applying (please do not list those items which are related to sex, race, religion, color, national origin, age, marital status, disability or non-job related medical conditions.

MISCELLANEOUS

Have You Ever Owned Or Do You Now Own A Business? Yes No

Have you ever been convicted, entered a plea of no contest, resulting in a conviction, had adjudication withheld (except in California), or prosecution deferred (except in California) for any crime except for minor traffic violations? (Convictions will not necessarily exclude you from employment, but date and type of conviction may be considered for job placement.) In California, “crime” excludes conviction more than 2 years old for a marijuana-related offense.

No

Yes – If “yes” explain in full, indicating date, charge, place, under what name and action taken.

Work Related Skills (list experience on equipment, software programs, organizational skills, foreign language, etc.)



Employment Application

Please Print In Ink

In compliance with Federal and State Equal Employment Opportunity Laws, it is this company's intention to consider all applicants without regard to race, color, religion, sex, national origin, age, marital status, disability, the presence of non-job related medical conditions or any protected classification.

Today's Date: _____

Last Name: _____

Social Security #: _____

First Name: _____

Work Phone: _____

Middle: _____

Home Phone: _____

Email Address: _____

Cell Phone: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

How Long at This Address: _____

Have You Ever Interviewed With The SkilleTS?

Yes

No

Source: Advertisement SkilleTS Employee Relative Internet Site: _____

Agency Walk-in Mgr. Referral - Who: _____

Other: _____ *Do You Have a Relative Working for SkilleTS?
If so, Where and What Is Her/His Position:*

Are You Authorized To Work In The United States? Yes No

Date Available For Employment: _____ Position Applying For: _____

Are You Willing To Relocate? Yes No (explain restrictions) _____

Locations Preferred: 1) _____ 2) _____

Provide Three Professional References:

NAME

OCCUPATION

ADDRESS

PHONE

1. _____

2. _____

3. _____