

Seminole Asphalt Paving, Inc. Application for Employment

Please Print



Position applied for: _____ Date: ____/____/____

Name: _____
Last First Middle

Address: _____
Street/Apt. City State Zip Code

Telephone: (____) _____ Desired rate of pay: _____ per hour

Have you ever been employed under another name? Yes No If yes, name _____

If you are under 18, can you furnish a work permit? Yes No

Have you ever been employed here before? Yes No

Are you legally authorized to work in this country? Yes No

Date available for work _____/_____/_____

Type of employment desired Full-Time Part-Time Temporary

Are you able to meet the attendance requirements of the position? Yes No

Have you been convicted of a crime in the last (7) years? Yes No

Such conviction may be relevant if job-related, but does not necessarily bar you from employment.

If yes, please explain _____

Driver's license number (Only if job applied for requires use of automobile in daily tasks)

_____ State: _____ Class: E (Regular) B A (Circle one)

Previous Employment

Please list your last four employers, assignments or volunteer activities, starting with the most recent, including military experience.

From	To	Employer	Telephone
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Job Title	Address	City, State	Zip Code
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Immediate Supervisor And Title	Brief summary of work performed and job responsibilities
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Reason for leaving	Hourly rate/salary Starting \$ _____ per _____ Ending \$ _____ per _____
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Immediate Supervisor And Title	Brief summary of work performed and job responsibilities
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Reason for leaving	Hourly rate/salary Starting \$ _____ per _____ Ending \$ _____ per _____
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Skills and Qualifications

Summarize any training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform functions for the position which you are applying. _____

Educational Background

Name & Location	Number of Years Completed	Did You Graduate?	Course of Study
High School			
College		Major/Degree	
Other (i.e. Trade School)			

References-Business Relationships

Name	Telephone	Years Known

I attest that I am not covered by any covenants not to compete, non-disclosure agreements or confidentiality agreements that would interfere with employment by The Women's Fund for Health, Education & Resolution if I were accepted for employment with the company. I further understand that if I am hired by The Women's Fund for Health, Education & Resolution, I may be required to sign and comply with a The Women's Fund for Health, Education & Resolution Non-Disclosure agreement and that there are certain documents relating to confidentiality and Company policies that I may be expected to execute.

I attest to the truth and accuracy of all information I have provided on this application and it is understood and agreed that any misrepresentation by me or omissions of fact on this application will be sufficient cause for rejection of my application and/or termination of my employment, if I have become employed. I further attest that I am able to meet the physical requirements of the position I am applying for without restrictions of any kind.

I give the company the right to investigate all references and to secure additional information about me, if job-related. I hereby release the company and its representatives from any liability for seeking such information, as well as all other persons, corporations or organizations for furnishing such information to the company.

The company is an equal opportunity employer and will not base hiring decisions on race, sex, national origin, religion, disability, age, or any other protected characteristic under applicable local, state, or federal laws. The company does not discriminate in employment and no question on this application is used or intended to be used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by applicable local, state or federal law.

This application is current for only 180 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that the company is an "employer at-will" and that if I become employed by the company just as I will be free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the company has the authority to make any assurance to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant _____ Date ____/____/____

Drug Free Work Place - Equal Opportunity Employer