

APPLICATION FOR EMPLOYMENT



This Application for Employment will remain valid for 30 days. Any applicant wishing to be considered for employment beyond this time period must reapply.

SCI COMPANIES IS AN EQUAL OPPORTUNITY EMPLOYER BY BOTH POLICY AND PRACTICE AND COMPLIES WITH ALL FEDERAL AND STATE LAWS WHICH FORBID DISCRIMINATION.

NOTE: THE EMPLOYEE POLYGRAPH PROTECTION ACT (EPPA) PROHIBITS MOST PRIVATE EMPLOYERS FROM REQUIRING LIE DETECTOR TESTS EITHER FOR PRE-EMPLOYMENT SCREENING OR DURING THE COURSE OF EMPLOYMENT, SUBJECT TO CERTAIN EXCEPTIONS. IN ADDITION, MORE RESTRICTIVE STATE LAWS MAY APPLY.

Applicant Information:				
Last Name	First	Middle	Social Security Number	Date
Present Street Address				
City	State	County	Zip Code	Telephone Number ()
<p>A number of different selection tools and information are considered before a hiring decision is made. As you go through the employee selection process, you may come in contact with some or all of the following selection tools.</p> <ol style="list-style-type: none"> 1. <u>Employment Application</u> – Complete all sections which pertain to you, and sign and date. A resume may be required, but is not a substitute for completing the application. The Employment Application allows the Company to determine your qualifications and experience, and contains an Applicant Statement and Agreement. By signing the Application, you authorize the Company and SCI to verify the information contained in the application. Falsification of information on the application or failure to provide accurate information may result in disqualification from employment, or termination of employment if discovered after hire. 2. <u>Employment Interviews</u> – Several personal (and/or telephone) interviews may be conducted with you in order to provide more detailed information regarding your background and qualifications. The Company and SCI comply with the Americans with Disabilities Act of 1990 (“ADA”). During the interview process you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, new employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files. 3. <u>Employment Eligibility Verification (I-9)</u> – This form is required by the U.S. Department of Justice and the U.S. Citizenship and Immigration Services (USCIS). It is used to verify your identity and right to work in the United States. 4. <u>Employment Testing</u> – Various tests may be administered to measure your aptitude and abilities in job-related areas. While most tests are short, some administered to management level candidates may take several hours. 5. <u>Test for Evidence of Substance Abuse</u> – This may be a urine or saliva test for abusive levels of any chemical substance. 6. <u>Reference Checks</u> – Former employers and educational references are verified prior to an offer of employment. 7. <u>Records Check</u> – Verification and information checks with the Social Security Administration, criminal courts, federal, state, and county repositories of criminal records, Department of Motor Vehicles, and credit bureaus. 8. <u>Physical Examination</u> – Some positions may require the applicant to take a physical examination. 9. <u>Loss Prevention Interview</u> – During this interview, you may be asked questions concerning your employment application, any current involvement with illegal drugs, any prior felony or misdemeanor convictions*, any adverse information from prior employers, and other related matters. <p><i>*Note: Answering "yes" to questions regarding prior misdemeanor and felony convictions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.</i></p>				

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Equal Opportunity Employer / Drug-Free Workplace

SCI is an equal employment opportunity employer. SCI adheres to a policy of making employment decisions without regard to race, color, age, sex, pregnancy, religion, national origin, ancestry, citizenship status, disability, or uniformed service member status. SCI has a Drug Free Workplace Policy in effect.

Last Name	First	Middle Initial	Social Security Number	Date
Street Address	City	County	State	Zip Code
			Telephone Number () -	

PLEASE ANSWER ALL QUESTIONS. RESUMES ARE NOT ACCEPTED IN PLACE OF THIS APPLICATION. PLEASE PRINT.

Note: This application was designed to be used for several types of job openings. Some questions may not be applicable to the position you are seeking. If so, please indicate "Not applicable".

Position Applying For:	Date You Are Available:
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Full-Time
 Part-Time
 Temporary
 Seasonal
 On-Call

Are you willing to work overtime as necessary? Yes No

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? Yes No

Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony? If yes, please give the date(s) and details. Yes* No If Yes, give dates and explain below. **Note: Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.*

Are you 18 years of age or older? Yes No If No, please state your age: _____

Have you ever been employed by the Company? Yes No
 If Yes, state dates of employment, location, and position title:

Have you ever been terminated or asked to resign from any job? Yes No
 If Yes, please explain circumstances and provide dates:

How many days were you absent from work during the past two years for reasons other than for paid holidays and vacation?
 Year _____ No. of days absent: _____
 Year _____ No. of days absent: _____

Please explain any gaps in your employment history:

May we contact your current employer? Yes No If No, please explain:

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How did you hear about this position? *(Please specify the name of the newspaper, agency, etc.)*

<input type="checkbox"/> Internet/Newspaper: _____	<input type="checkbox"/> Other Advertisement: _____
<input type="checkbox"/> Employee Referral: _____	<input type="checkbox"/> Job Fair: _____
<input type="checkbox"/> Employment Agency: _____	<input type="checkbox"/> School / College: _____

EDUCATION

This information may or may not be considered depending on the job applied for.

Name of School (Last School First)	City/State	Number of Years Attended	Field of Study	Diploma/Degree

EMPLOYMENT RECORD

List your present and prior employers in chronological order with the present or last employer first. If self-employed, give firm name and provide business references.

Employer:	Supervisor:	Hourly Rate / Salary	
		Starting:	Ending:
Employer Address		City/State	Zip Code ()
Dates Employed: From: To:	Position Held:		Reason for Leaving:
Worked Performed:			
Employer:	Supervisor:	Hourly Rate / Salary	
		Starting:	Ending:
Employer Address		City/State	Zip Code ()
Dates Employed: From: To:	Position Held:		Reason for Leaving:
Worked Performed:			
Employer:	Supervisor:	Hourly Rate / Salary	
		Starting:	Ending:
Employer Address		City/State	Zip Code ()
Dates Employed: From: To:	Position Held:		Reason for Leaving:
Worked Performed:			

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Employer:		Supervisor:		Hourly Rate / Salary	
				Starting:	Ending:
Employer Address			City/State	Zip Code	Telephone Number ()
Dates Employed: From: To:		Position Held:		Reason for Leaving:	
Worked Performed:					
Employer:		Supervisor:		Hourly Rate / Salary	
				Starting:	Ending:
Employer Address			City/State	Zip Code	Telephone Number ()
Dates Employed: From: To:		Position Held:		Reason for Leaving:	
Worked Performed:					

CONTINUE TO NEXT PAGE.

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SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills or qualifications, including licenses and certificates (please give registration number, state, and expiration date) acquired from employment or other experience, which relate to the job for which you are applying.

Skill/Qualification:

	License / Certificate Number:	State:	Exp. Date:
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Skill/Qualification:

	License / Certificate Number:	State:	Exp. Date:
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Skill/Qualification:

	License / Certificate Number:	State:	Exp. Date:
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In order to permit a check of your work and educational records, should we be made aware of any change of name or assumed name that you previously used? Yes No If Yes, identify names and relevant dates below.

Name:	Relevant Date:
Name:	Relevant Date:
Name:	Relevant Date:

List any relatives who are currently employed by the Company:

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

REFERENCES

Give name, address, telephone number, and company name of three **professional references** who are **not** related to you, but **are** previous employers.

Name	Address	Telephone Number	Company Name

Give name, telephone number, and company name of three **character references not** related to you.

Name	Telephone Number (with area code)	Company Name

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APPLICANT STATEMENT AND AGREEMENT

I, the undersigned Applicant, hereby state that all information provided by me on this Employment Application, as well as any other documents completed in connection with my employment application, including interviews, is true and accurate. I have withheld nothing that, if disclosed, would affect this Application unfavorably. I understand that any false, misleading or omitted information given in my application, interview(s), or any other document or statement may result in disqualification from employment, or termination from employment if discovered after hire.

I authorize the Company and SCI to investigate my background and all statements contained in this application for employment as may be necessary in arriving at an employment decision, including contacting the employers, educational institutions, and persons listed previously, as well as law enforcement agencies, credit institutions, or other persons having personal knowledge about me. I hereby release and hold harmless my current and former employers, their agents, employees, and representatives, educational institutions, persons and organizations named in this application or accompanying resume, as well as other individuals who release information to the Company and/or SCI in this regard from all liability on account of furnishing such information to the Company and/or SCI or their agents.

I further understand that SCI may obtain public records about me as part of a background investigation and that I may waive my right to receive a copy of such public records by checking the box to the right.

I authorize my previous employers to disclose to the Company and SCI all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company/SCI, and release them from any and all liability, claims or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

Check here if there is a particular employer you do not wish us to contact and provide information below:

Employer not to be contacted: _____
Reason for no contact: _____

I understand that the Company and SCI reserve the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I hereby consent to a medical examination and the collection of urine, and/or saliva samples (as well as blood or breath samples where applicable and as allowed by law) as requested for the purpose of determining the presence of drugs and/or alcohol, if any. I authorize the release of all medical information obtained during the examination and testing procedure to the Company and SCI. I understand that a Drug-Free Workplace program is in effect and that a positive result for the drugs tested may be grounds for termination from employment. I understand that any offer of employment may be contingent upon the passing of a physical examination and satisfactory drug testing. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated.

I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

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If this application for employment is accepted, I understand that my employment and compensation is terminable AT-WILL, is for no definite period, and my employment may be terminated by the Company, SCI, or me at any time and for any reason whatsoever, with or without cause or notice. It is further understood that this "at-will" employment relationship may not be changed by any written document, verbal statement, or conduct, unless such change is specifically acknowledged in writing by the President/Owner of the Company and the President of SCI in a written document titled "Employment Contract," which specifically states the employee is not an at-will employee.

In the event of my employment by the Company and SCI, I will comply with all rules and regulations of the Company and SCI. I understand that if I am hired, I will be subject to a ninety (90) day introductory period.

If any term, provision, or portion of this Statement and Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable.

I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION FOR EMPLOYMENT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF; AND I HAVE READ, UNDERSTAND, AND AGREE TO BE LEGALLY BOUND TO ALL OF THE TERMS IN THE APPLICANT STATEMENT AND AGREEMENT.

Signed, this _____ day of _____ 20_____.

Applicant Signature

Print Name