



EMPLOYMENT APPLICATION

THIS APPLICATION IS NOT AN OFFER OR CONTRACT OF EMPLOYMENT. This application is used to evaluate suitability for employment. It is the policy of the company to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, national origin, citizenship, disability, veteran status, marital status, sexual orientation or any other status protected under state or federal law. It is also the policy of the company to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon the successful completion of a background check and/or drug screen. This application will remain active for 30 days.

Personal Information

Today's Date

PLEASE TYPE OR PRINT IN INK				
Name				
Address				
City		County	State	Zip Code
Mobile Telephone	Home Telephone	E-mail Address		

Employment Information

Position for which you are applying		Date available for work
Check the following options you would consider: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	If part time, specify hours or days: (If employed, I will notify my supervisor in writing, should my availability change.)	What is your minimum salary requirement?

Are you available to work:
 Days Nights Weekends On-Call

Please answer all of the following questions. When necessary, note question number and use extra paper to provide explanation:

1) Are you at least 18 years of age? (If no, you may be required to provide authorization to work.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
2) Are you legally eligible to work in the United States? (If offered employment, proof of identity and eligibility will be required.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
3) Where you previously employed by Skyline Management Group?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide dates
4) Do you have any relatives or friends who work for Skyline Management Group?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, who and where do they work?
5) Have you received a description of the job or been made aware of the essential functions of the job you are applying for?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6) Do you understand the job requirements?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7) Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8) Are you currently bound by a noncompetition / nonsolicitation / nondisclosure agreement?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain.
9) Have you ever been discharged or asked to resign from a job?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain.

Education & Training

	School Name	City and State	Major Course of Study	Degree/Diploma/Certificate
High School/GED				
College / Trade School				



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Applicant Name: _____

Other job related skills or training:
Professional License or Membership:
List any languages that you speak fluently: Read/write:

Employment History

Experience beginning with the present or most recent job, including U.S. Military Service, (use back or application, if necessary, to list ALL prior employers).

Most Recent Job Held	Name of Employer	City	State
	Dates Employed: From (month/year) To (month/year)	Title	
	Name and Title of Supervisor	Telephone Number	
	May We Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	Type of Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
	Brief Description of Duties		
	Reason for Leaving	Last Salary: \$	

Previous Employment	Name of Employer	City	State
	Dates Employed: From (month/year) To (month/year)	Title	
	Name and Title of Supervisor	Telephone Number	
	May We Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	Type of Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
	Brief Description of Duties		
	Reason for Leaving	Last Salary: \$	

Previous Employment	Name of Employer	City	State
	Dates Employed: From (month/year) To (month/year)	Title	
	Name and Title of Supervisor	Telephone Number	
	May We Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	Type of Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
	Brief Description of Duties		
	Reason for Leaving	Last Salary: \$	



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Explain any gaps in work history:

References

Provide the names of persons not related to you as references.	Name	Address	Professional or Personal	Years Acquainted
1				
2				
3				

Applicant Name: _____

Agreement (please read the following statement carefully)

I authorize the investigation by Skyline Management Group (SMG) of all statements contained in this Application and release from all liability any persons or employers supplying such information, and I also release SMG from all liability that might result from making the investigation. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or any required documents) will be cause for denial of employment or immediate termination of employment regardless of when or how discovered. I agree, if offered and accept a position, to conform to all existing and future company rules and regulations and I understand that SMG reserves the right to change wages, hours and working conditions as deemed necessary. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of SMG. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration, and at will, and that either I or SMG may terminate my employment at any time with or without notice or cause.

I understand that SMG may obtain a consumer and/or investigative consumer report for employment purposes that may include information regarding prior employment, work experience and performance, reasons for employment termination, and information as to character, general reputation, personal characteristics, or mode of living. The report may also contain a records check of driving, criminal, credit, education, degrees, professional licenses and/or certification records depending on the position. By signing this application, I authorize the procurement of a consumer and/or investigative consumer report by SMG as part of the pre-employment background investigation and if hired, at any time during my employment.

California Applicants: I further understand that SMG may obtain Public Records about me as part of an internal background investigation and that I may waive my right to receive a copy of such Public Records by checking this box:

I understand and agree that I may be required to take a drug and alcohol screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test results to SMG for its use. I understand that any positive drug and/or alcohol result may preclude my employment.

Signature

Date