



Silverdale Autoworks is an equal opportunity employer. We are committed to our policy of providing equal employment opportunity to employees and job applicants in a manner consistent with applicable laws and regulations, including federal laws prohibiting employment discrimination on the basis of race, color, creed, national origin, sex, age, disability, or genetic information.

APPLICATION FOR EMPLOYMENT

Last Name	First Name	Middle	Date
Street Address			Home Phone
City, State, Zip			Cell Phone
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____			
Position Desired			Pay Desired
If hired, can you provide proof of your authorization to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No All employees will be subject to employment eligibility verification.			Were you referred to our Company? By who?
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of minimum legal age.			Date Available
Have you been convicted of a crime in the past seven years, excluding traffic violations, misdemeanors and summary offenses, which have not been annulled expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:			

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DEGREE OR DIPLOMA
Graduate or Other				
College				
High School				

COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES	
Job related training/experience: Karen can we legally ask about a person's discharge status – honorably discharged or otherwise	Branch of Service
	Rank at Discharge
	Date of Final Discharge

Please complete form in detail. Be specific and fill in all blanks including salary information. Start with present or most recent employer.

RECORD OF EMPLOYMENT

1. Company Name	Telephone
Address	Employed (State Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
Job Title and Description of Your Work:	Reason for Leaving
2. Company Name	Telephone
Address	Employed (State Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
Job Title and Description of Your Work:	Reason for Leaving
3. Company Name	Telephone
Address	Employed (State Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
Job Title and Description of York Work:	Reason for Leaving
4. Company Name	Telephone
Address	Employed (State Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
Job Title and Description of Your Work:	Reason for Leaving
5. Company Name	Telephone
Address	Employed (State Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
Job Title and Description of Your Work:	Reason for Leaving

WORK RELATED REFERENCES: (Do not include relatives)

1. Name	Telephone
Address	Relationship

2. Name	Telephone
Address	Relationship

3. Name	Telephone
Address	Relationship

We may contact the employers listed unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number (s) _____ Reason _____

STATEMENT (Please read this statement carefully before signing this application):

I understand that employment with Silverdale Autoworks is at-will, meaning that I or Silverdale Autoworks may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize Silverdale Autoworks to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Organization, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that Silverdale Autoworks requires the successful completion of a drug and/or alcohol test as a condition of employment.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: _____ **Date Signed:** _____