

APPLICATION FOR EMPLOYMENT



Please answer all questions. If one does not apply, insert N/A (not applicable).

Please Print Legibly

PERSONAL INFORMATION			Last 4 of Social Security Number: _____
Name: _____ (Please Print) Last First M.I.			Home Phone: (____) _____
Current Address: _____ Street or P.O. Box City State Zip			Message Phone: (____) _____
<i>If less than 5 years, list prior address:</i> _____ Street or P.O. Box City State Zip			
<i>Email Address:</i> _____			
Position Desired: 1) _____ 2) _____	Type of Employment desired: <input type="checkbox"/> FULL – TIME <input type="checkbox"/> PART – TIME <input type="checkbox"/> WINTER <input type="checkbox"/> SUMMER	Can you work overtime if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you work evenings and weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Available to Start: _____		Pay expected: _____	
Have you a legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you, since the age of 18, ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe briefly: _____ _____			
<i>Please note: A conviction record will not necessarily be a bar to employment.</i>			
I have previously: <input type="checkbox"/> Applied for employment with SILVER MOUNTAIN or one of its divisions <input type="checkbox"/> Been employed by SILVER MOUNTAIN or one of its divisions.			Names of friend/relatives at this company. _____ _____ _____
Position: _____		Date: _____	
Location: _____			
EDUCATION			
Name	City	State	No. Years
Degree / Diploma (If degree, identify type)			
HIGH SCHOOL			
COLLEGE			
BUSINESS, TRADE OR OTHER			
Please list any other special training, skills, hobbies, and experience, which will help you with our Company. Also list all office equipment you can operate. _____ _____ _____ _____			

EMPLOYMENT RECORD – Beginning with your present or last employer, list the last four jobs you have held.

Name of Employer (Present or Last)	Job Title	Last Rate of Pay
Address	City	State
		Phone Number
Dates Employed	Name/Title of Supervisor	Reason for Leaving
Brief Description of Duties:		
If still employed, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Employer (Present or Last)	Job Title	Last Rate of Pay
Address	City	State
		Phone Number
Dates Employed	Name/Title of Supervisor	Reason for Leaving
Brief Description of Duties:		
If still employed, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Employer (Present or Last)	Job Title	Last Rate of Pay
Address	City	State
		Phone Number
Dates Employed	Name/Title of Supervisor	Reason for Leaving
Brief Description of Duties:		
If still employed, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

References – List people (In addition to your employers) we may contact for additional information regarding your capabilities and work habits.

Name	Address	City	State	Zip	Phone Number

CERTIFICATION & AGREEMENT – Read Carefully and Sign

Please read the following statements carefully before signing this application. Only those applications that are completely filled out, signed and dated are considered valid.

I certify that all answers or statements I have made in this application or other supplementary material are true and correct without omissions. I acknowledge that any false statement, misrepresentation or material omission on this application or supplementary materials may result in a refusal to hire or an immediate dismissal if I am hired. I authorize your to contact any of my past employers, schools and personal references concerning my previous employment, educations and personal history. I release this company and all persons and organizations so contracted from all claims and liabilities of any nature arising from such investigations or the supplying of such information. I understand that I will be required, and hereby agree, to submit to a drug and alcohol screening and may be required to undergo a fitness for duty exam as part of the hiring process. If hired, I agree to comply with all rules and policies established from time to time by the company. I understand that if hired, my employment is for no definite period of time and may be terminated at any time by the company or by me, with or without cause. Nothing in this applications, or in any oral or written statement provided by the company to me, will limit the rights to terminate my employment at will, and no one will have authority to change the at-will relationship orally or in writing. I have read and understand the foregoing statements and accept the same as conditions of employment.

Signature of Applicant _____ Date _____