



Application for Employment at Sunscreen

(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: _____

I. Personal Information

Name: Last First Middle

Present Address

Permanent Address (if different than above)

Social Security Number

Telephone

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

2. Do you have any relatives who are presently (or have formerly been) employed by (Company)?

3. How were you referred to (Company)? _____

4. Have you ever been convicted of a felony? Yes No If yes, please explain:

II. Educational History

School Name/Location	Years Completed	Degree/Diploma
Elem/Jr. High _____		
High School _____		
College _____		

Tech. Training _____		

Other _____		

III. Employment Record *Please include all employment for the last five years.*

- | | |
|--|-----------------------|
| _____ | _____ |
| Company Name (Current or Most Recent Employer) | Position Held |
| _____ | Dates Employed: _____ |
| Address | From To |
| _____ | _____ |
| Manager / Supervisor | Telephone Wage/Salary |
| _____ | _____ |
| Reason For Leaving | |
- | | |
|----------------------|-----------------------|
| _____ | _____ |
| Company Name | Position Held |
| _____ | Dates Employed: _____ |
| Address | From To |
| _____ | _____ |
| Manager / Supervisor | Telephone Wage/Salary |
| _____ | _____ |
| Reason For Leaving | |
- | | |
|----------------------|-----------------------|
| _____ | _____ |
| Company Name | Position Held |
| _____ | Dates Employed: _____ |
| Address | From To |
| _____ | _____ |
| Manager / Supervisor | Telephone Wage/Salary |
| _____ | _____ |
| Reason For Leaving | |

NOTE: Use a separate sheet to list additional employers, if necessary . We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

_____	_____
(Employer's Name)	Reason
_____	_____
(Employer's Name)	Reason

IV. References *Please do not include relatives.*

1. _____

Name	_____
	Years Known
_____	_____
Address	Telephone

Occupation	

2. _____

Name	_____
	Years Known
_____	_____
Address	Telephone

Occupation	

V. Work Availability

1. If your application receives favorable consideration, when will you be available to begin work?

2. Do you have any objection to working overtime? () Yes () No
3. Can you work overtime without prior notice? () Yes () No
4. Can you travel if required by this position? () Yes () No

Background Research Release

Please read this section carefully and acknowledge your understanding by signing your name in the space below.

I certify that all of the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge.

1. Consent To Conduct Background Investigation

As a condition of and in consideration for Spokane/Coer d'Alene Sunscreen consideration of this application, I give permission to Spokane/Coer d'Alene Sunscreen to investigate my personal and employment history. I understand that this background investigation will include, but not be limited to, verification of all information on this application, as well as interviews with past employers. I further give permission to Spokane/Coer d'Alene Sunscreen to conduct this investigation and to discuss the results of this investigation in connection with my application for employment.

2. Consent To Contact Past Employers

I give permission to Spokane/Coer d'Alene Sunscreen to contact all employers listed in this application (except those specifically excluded) for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with Spokane/Coer d'Alene Sunscreen, consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of Spokane/Coer d'Alene Sunscreen I further waive all rights I may have under state law to receive a copy of any written statement provided by any of my former employers to Spokane/Coer d'Alene Sunscreen I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

3. Falsification Statement

I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may be sufficient grounds for rejection of this application, or, if discovered after an offer of employment, for immediate dismissal.

4. Employment "At Will"

In consideration of my employment, I agree to conform to the rules and regulations of Spokane/Coer d'Alene Sunscreen , and my employment and compensation is "at will" in that they can be terminated with or without cause, and with or without notice, at any time, at the option of either Spokane/Coer d'Alene Sunscreen or myself, except as otherwise provided by law. I understand that no manager or representative of Spokane/Coer d'Alene Sunscreen, other than the President or Vice President of Spokane/Coer d'Alene Sunscreen., has authority to enter into any agreement for employment for any specified period of time or to make any agreement or contract to the foregoing, and that any promises to the contrary will only be relied upon by me if they are in writing and signed by the President or Vice President of Spokane/Coer d'Alene Sunscreen.

Applicant's Signature

Date