



APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

THIS AREA IS FOR OFFICE USE ONLY

Rate of Pay: _____ Date of Hire _____

Title/Supervisor: _____ Date of Drug Test: _____

Date Entered in QB: _____ INT: _____ Date Terminated: _____ INT: _____

Date Entered in OAG: _____ INT: _____ Date Terminated in OAG: _____ INT: _____

Date Entered into E-Verify: _____ INT: _____ Last day worked: _____ INT: _____

PERSONAL INFORMATION

APPLICANT NAME (please print):		APPLICATION DATE:	
E-mail Address:			
Driver License or ID#:	DL Expiration Date:	STATE:	
Date of Birth:	Social Security #:		
Current Address:	City	Zip	
Permanent Address:	City	Zip	
Home Phone:	Cell Phone:		
Do you have TWIC card? (Circle One) YES / NO		If YES, TWIC Card #:	EXP DATE:
Do you have Basic Plus? (Circle One) YES / NO			
If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? (Circle One) YES / NO			
Have you ever been convicted or are currently being charged for a criminal offense being a felony or misdemeanor? (Circle One) YES / NO If YES, please describe either:			

** The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.*

POSITION OF INTEREST

Position Title:	Date Available:	Are You Willing to Travel:
If currently employed, may we contact your employer? YES / NO (Circle One)		
Have you ever worked for SLIS? (Circle One) YES / NO		If YES, what position?
Have you been referred to SLIS by someone who has or is currently working at SLIS? YES / NO (Circle One)		
Referral Name:	Position at SLIS:	

EDUCATION

	Name & Location of School	*Years Attended	*Date Graduated	Area of Study
High School				
College				
Trade Business or Correspond School				

GENERAL

Subjects of Specialty :	
Languages you speak:	Languages you write:
Are you or were you in the U.S. Military? YES / NO (Circle One) If so, what branch and what was your rank?	
Are you a member of the National Guard/Reserve? YES / NO (Circle One) Dates of Duty Needed:	

PHYSICAL RECORD

Do you have any physical limitations that prevent you from performing any work for which you are applying? (Example: Loss of vision, hearing, heavy lifting, operating machinery, etc.) YES / NO (Circle One)	
Have you ever been injured?	Please offer details:
Are you presently injured?	Please offer details:

EMPLOYMENT

List your employment history, starting with the most recent one first.

Date (M/Y)	Name & Number of Employer	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				

REFERENCES

	First and Last Name	Phone Number	Company Name	Years Known	Relationship
1					
2					

LICENSES AND/OR PROFESSIONAL ORGANIZATIONS

List any professional organizations of which you are a member of and/or professional technical certifications or licenses you currently hold.

1. _____
2. _____

This form has been designed to comply with State and Federal Fair Employment Practice laws prohibiting discrimination on the basis of an applicant's sex or minority status. Questions directly or indirectly reflecting such status have been included only where needed to determine a bona fide occupational qualification or for other permissible purposes. Such questions are appropriately noted on the application. Notwithstanding these efforts, the manufacturer of this form assumes no responsibility, and hereby disclaims any liability for inclusion in this form, of any questions upon which a violation of State and Federal Fair Employment Practice laws may be based.

EMERGENCY CONTACT INFORMATION

In case of an emergency, please notify:

Name: _____ Relationship: _____

Address: _____

Phone Number: (_____) _____

SAFETY AND SUBSTANCE ABUSE POLICY

Straight Line Industrial Services, Inc. is a drug free company that strictly adheres to its Substance Abuse Policy. Violation of or non-compliance with this policy will be grounds for dismissal

I have been trained and agree to Straight Line Industrial Services, Inc. Safety Policies & Safety Program. I understand this policy and agree to fully comply with the contents therein.

Signature of Applicant: _____ Date: _____

VERIFICATION

I hereby declare that all statements contained in this application are true and understand that false or inaccurate information in this application will be the basis for dismissal. I hereby authorize Straight Line Industrial Services, Inc. to investigate my background and verify this information. I understand that if employed, my employment will not be for any fixed period of time and may be terminated by the company at any time. I also authorize Straight Line Industrial Services, Inc. to release the information contained herein and its findings and work history of my employment to other firms or persons upon request. I also hereby declare that I have legal status to work in the United States.

Signature of Applicant: _____ Date: _____