

Employment Application

Date____

Personal Data				
First Name	Middle	Last		
Street Address		City	State Zip Code	
Telephone	Home	Cell		
Are you a citizen Position Prefe		thorized to work in the Un	nited States? Ye	es No
For what position	(s) are you applying?			
What date can you	ı start work?	Salary desired: \$	per	(hr, wk or yr)
Schedule desired:	Full Time Part Tir	ne Temp # of	f Hours per We	ek
Could you travel		on? Yes No If	hired, can you wer 18? Yes	
Education				
	e last year completed	School		Major
	•			
Education, Circle High School	1 2 3 4			
Education, Circle High School College	1 2 3 4 1 2 3 4 5 6			
Education, Circle High School College	1 2 3 4			

SEICAA is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any

basis including age, sex, color, race, national origin, religion, sex, veteran status or disability.

Previous Employment

List your current or most recent employment first. Include work related internships, military and volunteer work.

Name of Current/Most Recent Employer		Address			Telephone		
Comandania Nama 9 Tidla			Don't on He	13			
Supervisor's Name & Title			Position Held				
Dates of Employment			Rate of Pay				
From:	То:		Starting:			Ending:	
Mo. Yr.	Mo. Yr.		\$	per	(hr, wk, yr)	\$ per (hr, wk, yr)	
Reason for Leaving:							
May We Contact Your Employe	er Yes No						
Name of Next Most Recent Emp	nlovor	Addr	nec			Telephone	
Name of Next Wost Recent Emp	лоуст	Auui	CSS			retephone	
Supervisor's Name & Title			Position He	eld			
Dates of F	Employment		Rate of Pay				
From:	То:		Starting:			Ending:	
Mo. Yr.	Mo. Yr.		\$	per	(hr, wk, yr)	\$ per (hr, wk, yr)	
Reason for Leaving:							
May We Contact Your Employe	er Yes No						
Name of Next Most Recent Emp	lover	Addr	000			Telephone	
rume of reactivost recent Ling	noyer	1 Tuui	CSS			receptione	
Supervisor's Name & Title			Position Held				
Dates of F	Employment				Rate of Pay		
From:	To:		Starting:		Rate of Fay	Ending:	
Mo. Yr.	Mo. Yr.		\$	per	(hr, wk, yr)	\$ per (hr, wk, yr)	
Reason for Leaving:							
May We Contact Your Employer Yes No							
List any Professional Organizations/Affiliations to which you belong: (Optional)							

Professional References

Name	Company/Address	Phone	Relationship

Releases and Applicant's Signature

Verification: I verify that the information I have provided on this application is true and accurate. I understand that any false or misleading information that I furnish on or in connection with this application for employment may result in rejection of my application or termination of my employment.

Employment-at-Will: All hiring and employment at SEICAA is at-will. I understand this application is not an employment contract, nor can it be used to create one. Employment by SEICAA has no specific term and may be terminated by the employee or SEICAA with or without notice. I acknowledge that SEICAA has not made any promises or representations that differ from those contained in this paragraph.

Documentation: I understand I must provide satisfactory documents to establish my identity and right to work in the United States if I am offered a position with SEICAA, and that failure to provide this evidence will result in the termination of my employment.

Confidential Information: During and after any employment with SEICAA, I will not divulge or appropriate for my own use or for the use of others, except as SEICAA may authorize or direct, any knowledge or information obtained by me during my employment and considered by SEICAA confidential.

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Applicant's Signature	Date

By signing this application form. I certify that I have read and agree to the terms of the above employment