



**APPLICATION FOR EMPLOYMENT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security#: \_\_\_\_\_

Present Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_

Name of School: \_\_\_\_\_

Desired Starting Rate: \$ \_\_\_\_\_

List your skills applicable to work for which you are applying: \_\_\_\_\_

List below present and past employment, beginning with your most recent position.

FROM		TO		Name, Address & Telephone of Employer and Supervisor's Name	Type of Business and Rate of Pay	Reason for Leaving
Mo.	Yr.	Mo.	Yr.			

Please feel free to list any other data or comments about your qualifications. Attach a resume to the completed application if desired.

Have you ever been convicted of a crime? *(Exclude convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged or legally eradicated; and misdemeanor convictions for which probation was completed and the case dismissed.)*

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case \_\_\_\_\_

*Syblon Reid will not deny employment to any applicant solely because the person has been convicted of a crime. Syblon Reid however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.*

### WORK RELATED REFERENCES

Name & Title	Address	Telephone No.

To determine my qualification for employment, I authorize this company to conduct an investigation of my application. I understand that any false or misleading information furnished by me on this application form, or in connection with my application for employment, may result in rejection of the application, or if employed by this company, in the termination of employment.

I understand I may be required to drive a company or personal vehicle to perform certain job duties. I authorize Syblon Reid to obtain a copy of my driving record or I will provide them with a copy of a current DMV driving record which they will share with their insurance carrier and broker. I understand if my driving record becomes unacceptable after employment it may result in the termination of employment.

Driver's license number: \_\_\_\_\_ State \_\_\_\_\_

I understand that Syblon Reid does have a Substance Abuse Testing and Assistance Policy and that employment is contingent upon successful completion of a drug screen.

Employment at Syblon Reid is at-will and may be terminated with or without cause, and with or without notice, at any time by an employee or Syblon Reid.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SYBLON REID APPLICANT DATA RECORD

Applicants at Syblon Reid are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As an employer/government contractor, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. Providing this information is strictly on a voluntary basis. Refusal to provide this information will not subject you to adverse treatment.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Position(s) Applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Phone(\_\_\_\_\_)\_\_\_\_\_  
Last First Middle Area Code

Address \_\_\_\_\_  
Street City State Zip Code

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a disability is voluntary.

Check one:  Male  Female

Race/Ethnic Group. Please Check one of the following:

**American Indian or Alaskan**  **Asian**  **Black or African American**

**Native Hawaiian or Other Pacific Islander**  **White**

**Hispanic or Latino**

**Race missing or unknown** - Applies to **Applicants only**, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.

Check if any of the following are applicable:

**Vietnam Era Veteran**  **Special Disabled Veteran**  **Other Veteran**

**Vietnam Era Veteran:** means a veteran, any part of whose active military, naval, or air service, was during the period August 5, 1994, through May 7, 1975 who - - (i) served on active duty for a period of more than 180 days and was discharged or released therefrom with other than a dishonorable discharge, or (ii) was discharged or released from active duty because of a service connected disability.

**Special Disabled Veteran:** means (A) a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veteran Affairs for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 1506 of Title 38, U.S.C. to have a serious employment handicap or (B) a person who was discharged or released from active duty because of a service-connected disability.

**Other Veteran:** means veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

**SYBLON REID APPLICANT DATA RECORD**

**Disability:** Any physical or mental impairment that 1) substantially restricts one or more major life activities, 2) a record of impairment, 3) being regarded by others as having such impairment. (Please check those that apply.)

- Orthopedic (Mobility or Physical)     Vision (Blind or Partial Sight)     Health Impairment
- Psychological Disorder     Recovering Substance Abuse     Specific Learning Disability
- Deaf     Speech Impairment (Other than foreign accent)
- Acquired Brain Injury     Developmental Disability (Mental retardation)
- None

**Referral Source**

- Advertisement     Friend     Relative     Walk-In     Employment Agency
- Union     School     Internet     Other

Providing this information is strictly on a voluntary basis, the information provided will be kept confidential, the disclosure or refusal to provide the information will not subject you to any adverse treatment, and the information will be used only in accordance with the regulations promulgated under 38 U.S.C. 2012.

I decline to provide the information requested on this form

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Syblon Reid Department Use Only**

Position(s) Sought Is Open:     Yes     No

Any Other Relevant Action: \_\_\_\_\_ Date: \_\_\_\_\_