



# Application for Employment

Please Read Before Filling out This Application

Date:

Specialized Vehicles Corporation (SVC) does not discriminate in hiring or employment on the basis of race, color, sex, religion, disability, national origin, citizenship, or on the basis of age with respect to persons 18 years or older. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. SVC intends to check and hold all applicants responsible for the accuracy of the statements made on this application. This application will receive consideration for thirty (30) days. If you have not heard from SVC within thirty days and wish to receive further consideration for employment, it will be necessary to complete another application.

## PERSONAL DATA

Name		(Last)	(First)	(Middle)
Mailing Address (required)		City	State	Zip
Street Address		City	State	Zip
Length of time at this address	Telephone number	Are you 18 years old or older?	Social security number	
Source Of Referral:				

## EDUCATIONAL DATA

<b>Highest Grade Completed:</b>				
Grade, Junior High or High School		College or University		Graduate School
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	MAJOR SUBJECT OR COURSE OF STUDY	DID YOU GRADUATE?
High School				
College				
Business or Trade School				
Correspondence School				
Other (Specify)				
Graduate School				
List Degree(S) or Certification(S) Obtained:				

Job applied for:

Salary Desired:

\*Specific position must be completed. If not, application will be invalid.

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Are you employed now? \_\_\_\_ If so, may we contact your present employer? \_\_\_\_  
 Have you ever applied here before? \_\_\_\_ When?  
 Are you available to work any shift? \_\_\_\_ Any day of the week? \_\_\_\_ Overtime? \_\_\_\_  
 If not, for what shifts and days are you available?  
 When could you report for work?

## WORK HISTORY

From (mo./yr.)	Company	Telephone with Area Code	Starting Salary Per
To (mo./yr.)	Address		Final Salary \$ Per
Supervisor's Name/Title		Type of Business	May we contact?
Your Position/Title		Responsibilities/Duties	
Specific Reason for Leaving			

From (mo./yr.)	Company	Telephone with Area Code	Starting Salary Per
To (mo./yr.)	Address		Final Salary \$ Per
Supervisor's Name/Title		Type of Business	May we contact?
Your Position/Title		Responsibilities/Duties	
Specific Reason for Leaving			

From (mo./yr.)	Company	Telephone with Area Code	Starting Salary Per
To (mo./yr.)	Address		Final Salary \$ Per
Supervisor's Name/Title		Type of Business	May we contact?
Your Position/Title		Responsibilities/Duties	
Specific Reason for Leaving			

In the past 5 years, how many different employers have you worked for not recorded above? List names of those employers:

## RELATIVES IN OUR EMPLOYMENT

Name	Relationship	Name	Relationship

## MILITARY

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Branch of Service:

Duties in the service, including schools and training:

### SPECIAL SKILLS

What knowledge, special technical or computer skills, and/or qualifications have you acquired from employment or other experience? Include any specific equipment that you can proficiently operate.

- ◆ List any certifications or specialized technical qualifications.
- ◆ List any first aid or emergency response training for which you are currently certified (give date of certification).

### REFERENCES

Give three business references that are not relatives or former SVC/Hackney/Kidron employees.

NAME	OCCUPATION	YEARS KNOWN	PHONE	ADDRESS

I authorize, without liability, investigation of all statements in this application.

The Company is hereby authorized to make any investigation into my personal history, financial, credit record, and criminal record through any investigative or credit agencies/bureaus of the Company's choice.

I authorize all schools which I attended and all previous employers to furnish to SVC my record, reason for leaving and all information they may have concerning me. I hereby release them and SVC from all liability for any damage whatsoever arising therefrom.

I authorize previous employers to furnish SVC with information used in connection with the evaluation of my qualifications as a prospective employee.

I understand that in event of my employment by SVC, it shall be sufficient cause for dismissal if any of the information I have given in this application is false or if I have failed to give any information herein requested. I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations.

I agree, if employed, to conform to the guidelines and regulations of the Company, whenever adopted by the Company and that those guidelines do not constitute an employment contract. I also understand that the Company or the employee may terminate the employment relationship at any time, without notice, with or without reason. Only a written agreement signed by the President of the Company may modify this paragraph.

SVC conducts its business with the highest possible degree of safety and efficiency. Because of this, SVC requires applicants for employment to undergo blood and / or urinalysis screening for drug or alcohol use as part of their pre-employment drug screening. In addition, all employees of SVC are subject to blood tests or urinalysis screening for drug or alcohol use.

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

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



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