



APPLICATION FOR EMPLOYMENT

Please print all information requested and complete application in its entirety. You may attach a resume, but do NOT write "see resume" and omit a section.

Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please let us know if you need an accommodation to complete the application process or to perform any essential elements of the position sought.

DATE _____				
Name _____				
Last	First	Middle		
Present address _____				
Street	City	State	Zip	
Home Phone (_____) _____		Email _____		
Work or Cell Phone (_____) _____				
Have you previously been employed by The Summit Companies? ___ Yes ___ No If yes, gives dates and location.		Position applied for: _____		
_____		Wage desired: _____		
Do you have any relatives working for The Summit Companies? ___ Yes ___ No If yes, please provide where.		Date you can start: _____		
_____		_____		
Are you legally eligible for employment in the United States? ___ Yes ___ No (If offered employment, you will be required to provide documentation to verify eligibility.)				
Employment desired: <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL-TIME OR PART-TIME				
(Check all that apply) <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> WEEKENDS <input type="checkbox"/> ALL SHIFTS				

Please list education or specialized experience which relates to the position you are applying for. Exclude names or terms which indicate, for example, race, color, religion, sex, disability or national origin.

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETE	DEGREE ATTAINED	COURSE OF STUDY or DEGREE RECEIVED
High School			1 2 3 4	Y N	
College			1 2 3 4	Y N	
Business or Trade School			1 2 3 4	Y N	

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), and date offense(s) was/were committed:

Conviction will not necessarily disqualify applicant from employment. The recency, severity and pertinence of the conviction to the job will all be considered.

REFERENCES

Please list three references of individuals that you have known for more than one year and that are familiar with your work on a **professional** level. Do not list relatives.

NAME	DAY PHONE NUMBER	EVENING PHONE NUMBER	YEARS KNOWN

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

Branch _____ Date Entered _____ Discharge Date _____

ADDITIONAL INFORMATION

List additional training, special skills or additional information including those acquired from employment or other experience necessary to describe your full qualifications for the specific position for which you are applying.

Do you speak, write or understand any foreign language? _____ If yes, which language(s)? _____

WORK EXPERIENCE

Please list your work experience beginning with your most recent job held. If you were self-employed, give firm name.
Attach additional sheets if necessary. PLEASE COMPLETE ALL SECTIONS – DO NOT WRITE “SEE RESUME”.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Phone number	Your last job title		
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Phone number	Your last job title		
Reason for leaving (be specific)			
List the jobs held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? Yes No

Please explain any periods of unemployment in your work history: _____

*** PLEASE READ CAREFULLY ***

APPLICATION STATEMENT

I understand that any misrepresentation, deception, or false statement made in this Employment Application may result in my not being considered for employment, and if not discovered by the Company until after my becoming employed, is grounds for, and may result in, my immediate termination.

I understand that this application is not a contract of employment and that if hired, regardless of any oral representations to the contrary, the employment relationship can be terminated at will. Any changes in this employment relationship must be made in writing.

I authorize investigation of all statements contained in this application. I hereby give permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release from all liability all persons, companies and corporations supplying such information.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

The Employee Polygraph Protection Act (EPPA) does not allow most employers to require an employee or prospective employee to take a polygraph examination.

Thank you for completing this application form and for your interest in our business.