



EMPLOYMENT APPLICATION
(PRE-EMPLOYMENT QUESTIONNAIRE)

Instructions: Print legibly, using black or blue ink only. Do not leave any blanks on the application. **Applications with missing information will NOT be accepted.**

PERSONAL INFORMATION

Full Legal Name: _____
Street Address: _____
City, State, Zip Code: _____
Home Phone Number: () _____

OBJECTIVE

Position	Date you can start	Pay Rate Desired
Are you employed now?	May we request information from your current employer?	
Have you previously applied with SECO Industries?	Where and When?	
Have you previously worked for SECO Industries?	Where and When?	
List the name of your last supervisor at SECO?	What was your reason for leaving SECO Industries?	
Who referred you to SECO Industries?		
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Newspaper
<input type="checkbox"/> State Employment Office	<input type="checkbox"/> Walk In	<input type="checkbox"/> Other (Please specify): _____

EDUCATION HISTORY

	Name of School, City & State	No. of years attended	Did you graduate?	What subjects did you study?
High School				
College				
Other School				

SPECIALIZED ABILITIES / KNOWLEDGE / SKILLS

EMPLOYMENT HISTORY

List each of the jobs you have held, starting with the most recent one first. List and explain all periods of unemployment. Print legibly, using black or blue ink only. **Applications with missing information will NOT be accepted.**

Employment Dates: (Month/Year): _____ TO (Month/Year): _____

Company Name: _____

Street Number: _____

City, State, Zip Code: _____

Phone Number: (_____) _____ extension _____

Company size: _____

No. Work Hours/ Week: _____

Starting Position: _____ Starting Pay: _____

Ending Position: _____ Ending Pay: _____

Duties of Ending Position: _____

Supervisor's Name: _____

Supervisor's Job Title: _____

Supervisor's Phone: (_____) _____ extension _____

Reason for Leaving (Check One): Quit Terminated by Employer

Briefly explain the reason you quit OR the reason your employer terminated your job (e.g., *Quit work to accept another job offer; Terminated by employer due to lay off; etc.*)

Is this a contract or temporary job through a staffing agency? _____

If yes, provide the following information:

Agency Name: _____

Street Number: _____

City, State, Zip Code: _____

Phone Number: (_____) _____

Contact Person: _____

... continued **EMPLOYMENT HISTORY**

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REFERENCES

Give the names of 3 persons (excluding relatives) who have known you for at least two years.

NAME	ADDRESS (Street, City, State, Zip Code)	PHONE NUMBER	NO. OF YEARS KNOWN

Have you been convicted of a felony within the last 5 years? YES NO
If yes, explain. (This will not necessarily exclude you from consideration)

Are you eligible to legally work in the United States? Yes No

What are your long-term career goals, and how do you see a career with our company helping you meet those goals?

AUTHORIZATION TO RELEASE INFORMATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge. If this company employs me, any falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained on this application. I authorize references and all current and/or previous employers to give you any & all information concerning my employment and any pertinent information they may have, personal or otherwise. I release all of my current and/or previous employers and SECO Industries from all liability for any damage that may result from using such information.

SECO Industries is an at-will employer. If employed, I understand that I may end my employment at any time and that the employer has the same right with any employee. No representative of the company has any authority to enter into any agreement for employment for any specified period of time, unless it is in writing and signed by the President of the company."

Signature: _____

Print Full Legal Name: _____

Social Security Number: _____

Today's Date: _____