

SWS ELECTRONICS & COMPUTERS



APPLICANT INFORMATION												
Last Name			First			M.I.		Date				
Street Address						Apartment/Unit #						
City				State		ZIP						
Phone			E-mail Address									
Date Available			Social Security No.			Desired Salary						
Position Applied for												
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
EDUCATION												
High School			Address									
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
College			Address									
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
Other			Address									
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
REFERENCES												
<i>Please list three professional references.</i>												
Full Name				Relationship								
Company				Phone		()						
Address												
Full Name				Relationship								
Company				Phone		()						
Address												
Full Name				Relationship								
Company				Phone		()						
Address												

PREVIOUS EMPLOYMENT

Company					Phone	()	
Address					Supervisor		
Job Title			Starting Salary	\$	Ending Salary		\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone	()	
Address					Supervisor		
Job Title			Starting Salary	\$	Ending Salary		\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone	()	
Address					Supervisor		
Job Title			Starting Salary	\$	Ending Salary		\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

MILITARY SERVICE

Branch				From		To	
Rank at Discharge					Type of Discharge		
If other than honorable, explain							

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature					Date		
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Are you applying for:

Temporary work – such as summer or holiday work? Y or N

Regular part-time work? Y or

Regular full-time work? Y or N

What days and hours are you available for work? _____

If applying for temporary work, when will you be available? _____

If hired, on what date can you start working? ___ / ___ / ___

Can you work on the weekends? Y or N

Can you work evenings? Y or N

Are you available to work overtime? Y or N

Salary desired: \$ _____

Personal Information:

Have you ever applied to / worked for SWS before? Y or N

If yes, please explain (include date): _____

Do you have any friends, relatives, or acquaintances working for SWS? Y or N

If yes, state name & relationship: _____

If hired, would you have transportation to/from work? Y or N

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) Y or N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?
 Y or N

If hired, are you willing to submit to and pass a controlled substance test? Y or N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation?
 Y or N

If no, describe the functions that cannot be performed

(Note: Company complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Y or N

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case. _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training and Experience

High School:

School name: _____
School address: _____
School city, state, zip: _____

Number of years completed: _____
Did you graduate? Y or N
Degree / diploma earned: _____

College / University:

School name: _____
School address: _____
School city, state, zip: _____

Number of years completed: _____
Did you graduate? Y or N
Degree / diploma earned: _____

Vocational School:

Name: _____
Address: _____
City, state, zip: _____

Number of years completed: _____
Did you graduate? Y or N
Degree / diploma? : _____

Military:

Branch: _____
Rank in Military: _____
Total Years of Service: _____
Skills/duties: _____
Related details: _____