

STARR MANUFACTURING, INC. APPLICATION FOR EMPLOYMENT

We are a Drug-Free Workplace

NAME

LAST FIRST MIDDLE

PRESENT ADDRESS

STREET CITY STATE ZIP

PERMANENT ADDRESS

STREET CITY STATE ZIP

PHONE NO. (INCLUDE AREA CODE)

EMAIL:

CELL ()-

HOME ()-

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO IF YES, EXPLAIN (Conviction will not exclude you from employment consideration)

ARE YOU A CITIZEN OF THE US? YES NO IF NO, EXPLAIN

EMPLOYMENT DESIRED

POSITION **DATE YOU CAN START** **SALARY DESIRED**

ARE YOU EMPLOYED NOW? YES NO IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO

EVER APPLIED TO THIS COMPANY BEFORE? YES NO WHEN?

EDUCATION	NAME AND LOCATION OF SCHOOL	SUBJECTS STUDIED		
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR OTHER SCHOOL				
SUBJECTS OF SPECIAL STUDY OR INTEREST				
US MILITARY SERVICE				RANK
NATIONAL GUARD OR RESERVE MEMBERSHIP				RANK
CIVIC OR VOLUNTEER ACTIVITIES				

CONTINUED ON REVERSE

DO YOU SPEAK OR WRITE A FOREIGN LANGUAGE?	IF SO, WHICH?
---	---------------

FORMER EMPLOYERS: LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT ONE FIRST.

DATE MONTH & YEAR	NAME, ADDRESS & PHONE # OF EMPLOYER	POSITION	SALARY	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

YEARS ACQUAINTED	NAME	ADDRESS	PHONE NUMBER	BUSINESS OR OCCUPATION

WHO REFERRED YOU TO STARR?

IN CASE OF EMERGENCY NOTIFY

NAME	PHONE	RELATIONSHIP

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

SIGNATURE	DATE
-----------	------

I AUTHORIZE STARR MFG. INC. TO CONDUCT A CREDIT AND/OR BACKGROUND CHECK AND EMPLOYMENT VERIFICATION AS PART OF MY APPLICATION/ASSESSMENT PROCESS.

SIGNATURE	LAST 4 DIGITS OF SS#
-----------	----------------------

DO NOT WRITE BELOW THIS LINE. FOR SFI/VM OFFICE USE ONLY

REF W CONT

REF P CONT
**BEGINNING
RATE OF PAY**