Sterling Finishing, **Inc**. is an equal opportunity employer. Qualified applicants are hired without regard to creed, religion, national origin, sex, age, and sexual preference, disability or Vietnam Veteran status.

Date: Name:
Present Address (street & number):(city, state, zip):
Previous Address (street & number):(city, state, zip):
Telephone #: Social Security #:
If related to anyone in our company, state name and department.
Are you seeking full-time or part-time work? full-time or part-time If part-time, specify days and hours that you can work:
Are you available to work: Overtime, if requested? Yes or No Different shifts? Yes or No. Weekends, if requested? Yes or No.
Position Date you can start Weekly wage desired
Are you employed now? If so, may we inquire of your present employer? If no, please explain:
How did you hear of this position with the company?
Have you ever applied for employment at this company before? If so, where
Are there any experiences, skills or qualifications, which you feel, would especially qualify you to work with the company?
Are you presently on layoff from another employer and subject to recall? Yes or No If yes, provide details and dispositions of the case:
Do you understand the company's description of the essential tasks of the job for which you are applying? Yes or No
If yes, are you able to perform the essential functions of the position for which you are applying with or without an accommodation? With an Accommodation or Without an Accommodation If you will need an accommodation, please describe the accommodation(s):
Have you ever been convicted of a felony? Yes or No. (Conviction will not necessarily disqualify applicant for employment) If yes, describe conditions:

EMPLOYMENT INFORMATION

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer

Company Name		Telephone		
		()		
Address		Employed (mon	Employed (month & year)	
		From:	To:	
Name of Supervisor		Weekly Pay		
		Start:	End:	
State Job Title & Describe Your Work	Reason for Le	eaving		

2

Company Name		Telephone	
		()	
Address		Employed (mor	nth & year)
		From:	To:
Name of Supervisor		Weekly Pay	
		Start:	End:
State Job Title & Describe Your Work	Reason for Leavin	ng	

3

5				
Company Name		Telephone		
		()		
Address		Employed (mor	Employed (month & year)	
		From:	To:	
Name of Supervisor		Weekly Pay		
		Start:	End:	
State Job Title & Describe Your Work	Reason for L	eaving		

4

Company Name		Telephone		
		()		
Address		Employed (mon	Employed (month & year)	
		From:	To:	
Name of Supervisor		Weekly Pay		
		Start:	End:	
State Job Title & Describe Your Work	Reason for Le	aving		

Please sign if we may contact any of the above stated employers

Your signature	Date
Comments	

Account for all gaps of time between jobs:
Did you receive any promotions while previously employed? Yes or No
MILITARY Did you serve in the US Armed Forces?Yes or No. If yes, in what branch:
Describe any training received relevant to the position for which you are applying.
Date of Discharge/ Type of Discharge
Present membership in National Guard or Reserves?
CLERICAL SKILLS

Complete this section only if you are applying for a clerical position.

Typing AbilityNo orYes --WPMDictation AbilityNo orYes --WPMKey Punch AbilityNo orYes --Keystrokes/hourWord ProcessorNo orYesName software that you can use:

EDUCATION

	Name & Location of School	Highest Grade Completed	Type of Degree or Diploma	Subjects Studied	Date Graduated
High School					
College					
Trade, Business, Graduate, or Correspondence School					

Additional information, special training skills or comments you wish to submit.

EMPLOYMENT APPLICATION CERTIFICATION

1) The information I have provided in this Application for Employment is complete, true and correct to the best of my knowledge and belief. I understand that any misrepresentation or omission of facts, or any false or misleading information given in my application or during the interview process is grounds for disqualification from consideration for employment; or, in the event I am hired and the falsification is subsequently discovered. I understand that I am subject to immediate dismissal. I authorize investigation of all matters contained in this application.

2) I understand and agree that, if hired, there may be times when it will be mandatory that I work overtime, shift work, rotating shift, schedule, or a work schedule other than Monday through Friday as a condition of continued employment I agree that, if hired, I will work the hours and schedule assigned to me.

3) I understand and agree that, if hired. I will serve a 90 working day probation or trial period from the date of employment before being considered a regular employee.

4) I understand that, if hired, this application for employment is at will and not a contract of employment and that any employment is for an indefinite period of time, and employment consideration is conditioned on passing the physical examination including drug testing prior to the offer of employment.

5) I understand that during the course of my employment there will be disclosed to me trade secrets and other confidential information concerning the business operations of my Employer. I will not, during, or at any time after termination of my employment, disclose to, or make use of for myself or any person, corporation or other entity any trade secrets or other confidential information concerning the business, clients, methods, operations or services of my Employer. I will not, for a period of one (1) years after termination of my employment, regardless of the cause, within a radius of fifty (50) miles from any place of business of my Employer engage in or have an interest in any enterprise which engages in directly or indirectly, any business in competition with the business of my Employer.

APPLICANT'S SIGNATURE

PRINT NAME

DATE

AUTHORIZATION TO VERIFY APPLICATION (Read Carefully Before Signing)

I understand that all statements made on my Application For Employment are subject to verification. I therefore authorize investigation of all statements contained in my application regarding prior employment and education and hereby authorize any former employer or school that I attend which is listed on my application to give Sterling Finishing, Inc. any information regarding my prior work performance and employment or education, whether or not such information is in its files or records, or provided by personal recollection. In consideration of Sterling Finishing's review of my application for employment, I agree that any former employer or school, its officers, agents and employees, or anyone else providing information with respect to my prior employment or education, is hereby released and forever discharged from any liability whatsoever in connection with the disclosure of that information. I authorize Sterling Finishing, Inc. to con ct their personal references listed in my application whom I also release and forever discharge from any liability whatsoever for providing information about me to Sterling Finishing, Inc. I authorize use of photocopies of this original document to be used in securing references. I understand, also, that I am required to abide by all rules and regulations of the Company. You are hereby authorized to make any investigation of my personal history and financial and credit record through my investigative or credit agencies or bureaus of your choice.

APPLICANT'S SIGNATURE

____/___/____ DATE

PRINT NAME

In order to facilitate our receiving reference information, please indicate below if you used a different name during any former employment or while attending school.