

APPLICATION FOR EMPLOYMENT

HR USE ONLY

Company _____
Address _____
City _____

Applicant No. _____
Employee No. _____
Company No. _____
Location _____
Date Employed _____

**APPLICANT TO COMPLETE ALL INFORMATION REQUESTED
PLEASE PRINT**

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Documents Received:
<input type="checkbox"/> Resume
<input type="checkbox"/> Reference Checks
<input type="checkbox"/> Interview Record
<input type="checkbox"/> Payroll/Status Change Notice
<input type="checkbox"/> Employee Record Card

Date _____

Name _____
First Middle Last

Present address _____
No. Street City State Zip

Previous address _____
No. Street City State Zip

Telephone Number (____) _____ Email address _____

Do you have a legal right to be employed in the United States? Yes (proof required) No

Are you over the age of 18? Yes No

COMPANY EXPERIENCE

Have you worked for this company before? _____ Dates: From _____ To _____
Month/Year Month/Year

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

GENERAL

Are you currently employed? _____ If not, when was your last day employed? _____

Position applying for _____ Full Time Part Time Temporary Seasonal

Who referred you? _____ Rate of pay expected _____

EDUCATIONAL BACKGROUND

Type of School	Name and City	Did You Graduate?	Course or Major
College			
Technical School			
High School			
Other			

LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

1	COMPANY NAME	DATES WORKED		POSITION(S) HELD	
	ADDRESS, CITY, STATE, ZIP	FROM	TO		
	PHONE NO. ()	DUTIES / RESPONSIBILITIES			
	TYPE OF BUSINESS				
	NAME OF SUPERVISOR	REASON FOR LEAVING			
BASE GROSS INCOME \$ STARTING WAGE per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR ENDING/CURRENT per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR <input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES AMOUNT RECEIVED \$ WORK HOURS:					

2	COMPANY NAME	DATES WORKED		POSITION(S) HELD	
	ADDRESS, CITY, STATE, ZIP	FROM	TO		
	PHONE NO. ()	DUTIES / RESPONSIBILITIES			
	TYPE OF BUSINESS				
	NAME OF SUPERVISOR	REASON FOR LEAVING			
BASE GROSS INCOME \$ STARTING WAGE per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR ENDING per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR <input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES AMOUNT RECEIVED \$ WORK HOURS:					

3	COMPANY NAME	DATES WORKED		POSITION(S) HELD	
	ADDRESS, CITY, STATE, ZIP	FROM	TO		
	PHONE NO. ()	DUTIES / RESPONSIBILITIES			
	TYPE OF BUSINESS				
	NAME OF SUPERVISOR	REASON FOR LEAVING			
BASE GROSS INCOME \$ STARTING WAGE per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR ENDING per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR <input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES AMOUNT RECEIVED \$ WORK HOURS:					

4	COMPANY NAME	DATES WORKED		POSITION(S) HELD	
	ADDRESS, CITY, STATE, ZIP	FROM	TO		
	PHONE NO. ()	DUTIES / RESPONSIBILITIES			
	TYPE OF BUSINESS				
	NAME OF SUPERVISOR	REASON FOR LEAVING			
BASE GROSS INCOME \$ STARTING WAGE per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR ENDING per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR <input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES AMOUNT RECEIVED \$ WORK HOURS:					

WORK REFERENCES

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

SPECIAL SKILLS

Please check the skills for which you have received training:

- Word Processing (WPM _____)
 Data Entry
 10 - Key Calculator
- Software Packages: _____
- Programming Languages: _____
- Database: _____
- Manufacturing Equipment: _____
- Other: _____
- _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature

Date

SEI-GROUP



DESIGN • BUILD • MECHANICAL CONTRACTOR

Security Background Authorization

SEI-Group performs work at various locations which require that a background investigation be performed on each individual that intends to perform work or visit that location. The following information is required on each individual before we can start or perform the investigation process and must be signed by the individual. All information is required to be printed legibly and signed where required.

LAST NAME (including Jr, Sr, I, II, III, etc. when it applies): _____

FIRST NAME: _____ MIDDLE NAME: _____

OTHER NAMES USED (Maiden Name or Nickname): _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

RACE: _____ SEX: _____

DRIVERS LICENSE or STATE ISSUED IDENTIFICATION NUMBER: _____
STATE ISSUED BY: _____

HOME ADDRESS (no P.O. Boxes): _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY OR PARISH: _____ PHONE: _____

PLACE OF BIRTH: _____ CITIZENSHIP: _____

IF FOREIGN BORN, PROVIDE THE TYPE AND NUMBER FOR ONE OF THE FOLLOWING
ALIEN REGISTRATION NATURALIZATION CERTIFICATE
US PASSPORT EMPLOYMENT AUTHORIZATION

TYPE: _____ NUMBER: _____

EMPLOYER NAME (s): SEI-Group

POSITION or TITLE: _____

I, (Print your Full Name here) _____, give my consent and permission for screening to determine my suitability to access and work within any space or location. I understand that should I be disqualified from working at a particular job location that the information obtained will be kept confidential. I understand that due to the screening to be conducted, that a felony conviction may immediately disqualify me and that any other incidents in my background may also disqualify me. I attest that the information provided above is true and correct to the best of my knowledge.

Signature: _____ Date of Signature: _____

**DRUG TESTING CONSENT, RELEASE AND
ACKNOWLEDGEMENT OF UNDERSTANDING**

I hereby consent to submit to urinalysis and/or other tests as shall be determined thereof by SEI-Group as a condition of employment and for the purpose of determining specific drug content. I agree that a D.H.H.S. and (state where required) certified lab may collect these specimens for these tests and may use them or forward them to a testing laboratory designated by SEI-Group for analysis.

I further agree to have these results reviewed by a Medical Review Officer. I hereby release to SEI-Group, the results of the test(s) to which I have consented. I further authorize SEI-Group to discuss the results with medical/personnel collecting the Specimen, the testing facility, it's directors, officers, agents, and employees responsible for administering the aforementioned test(s) or evaluating the results thereof and any of them herein and to use the test results in conjunction with employment actions, professional licensing procedures, and as a defense to any legal action to which I am party. I release any testing facility or any physicians who have tested me from any liability arising from a release of any and all results, written reports, medical records, and data concerning my test(s) to the appropriate company officials or government agencies. I agree that a reproduced copy of this form shall have the same effect as the original.

I understand SEI-Group Drug Abuse and Drug Testing Policy and consent to the terms set forth in the policy. I further acknowledge that the policy has been posted in an appropriate place on the company's premises and copies are available for inspection during regular business hours. I acknowledge that I have read this policy and fully understand that the company can establish other work rules related to possession, use, sale, or solicitation of drugs, including policies concerning arrests or convictions for drug or alcohol-related offenses, and can suspend, or terminate, or deny employment for such conduct.

I have carefully read the foregoing and fully understand its contents. I agree that my signing of this Consent, Release and Acknowledgement of Understanding for is voluntary and that I have not been coerced into signing this document.

Signature _____ Date _____

Printed Name _____

AUTHORIZATION FOR LIMITED USE OR DISCLOSURE OF MEDICAL INFORMATION

EXPLANATION:

This authorization for use or disclosure of medical information is requested of you to ensure the accuracy, confidentiality, and prompt availability of said information.

AUTHORJZATION:

I hereby authorize the Medical Review Officer, any counselor or treatment facility I may be referred to and the testing laboratories to furnish the company, with results of all tests run. I further authorize any doctor who has written a prescription which I may be using to disclose the purpose of the prescription, the conditions under which it is to be taken, and any other pertinent information to the Medical Review Officer to assist in the MRO's determination of my fitness for duty.

USES:

The Company may use the medical information authorized only for the following purpose: To determine my ability to do my job or my qualifications for employment or continued employment and to defend in any legal proceedings in which my employment or actions are at issue.

DURATION:

This authorization shall become effective immediately and shall remain in effect throughout the duration of my employment with the company and any post-employment legal matters or proceedings, unless rescinded by me in writing.

RESTRICTIONS:

I understand that the Drug Free Workplace Administrator may not further use or disclose the medical information unless further authorization is given by me or in case of post-accident testing or disclosure is required or permitted by law or licensing authority.

ADDITIONAL COPY:

- (1) I further understand that I have a right to receive a copy of this authorization on my request.
- (2) I further agree that a reproduced copy of this form shall have the same force and effect as the original.

DRUG SCREEN SPECIMEN VERJFICATION:

I hereby authorize the hospital, clinic, or laboratory, its physicians and technicians specified by the Company, to obtain a sample of my urine, blood, or breathe to be analyzed for the presence of controlled substances.

SIGNATURE _____ DATE _____