

Safe Solutions Plus, LLC. - Employment Application

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

PERSONAL INFORMATION:

First Name: _____

Middle Name: _____

Last Name: _____

Street Address: _____

City _____ State _____ Zip Code _____

Phone Number: _____ Alternate Number: _____

Are you eligible to work in the United States?

Yes _____ No _____

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes _____ No _____

If yes, please explain: _____

POSITION/AVAILABILITY:

Position Sought: _____

Pay Sought: _____

Days/Hours Available:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Hours Available: from _____ to _____

What date are you available to start work? _____

EDUCATION:

Name and Address Of School - Degree/Diploma - Graduation Date:

Skills and Qualifications: Licenses, Skills, Training, Awards:

EMPLOYMENT HISTORY:

Present Or Last Position:

Employer: _____
Street Address: _____
Supervisor: _____
Phone: _____ Email: _____
Position Title: _____ From: _____ To: _____
Responsibilities: _____

Pay Range: _____
Reason for Leaving: _____

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Previous Position:

Employer: _____
State Address: _____
Supervisor: _____
Phone: _____ Email: _____
Position Title: _____ From: _____ To: _____
Responsibilities: _____

Pay Range: _____
Reason for Leaving: _____

May We Contact Your Present or Previous Employers?

Yes _____ No _____

If answer is no, what is the reason? _____

References:

Name - Nature of Relationship - Length of Relationship - Contact Information:

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. Drug testing is required and Safe Solutions Plus, LLC adheres to a Drug Free Workplace policy. I authorize the verification of any or all information listed above.

Signature: _____

Date of Application: _____