



SHIEL SEXTON

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION, EDUCATIONAL BACKGROUND, EMPLOYMENT HISTORY & REFERENCES

PERSONAL INFORMATION

Name: (Last Name First) _____ Date _____

E-mail Address _____

()

Phone _____

Social Security # _____

Are You 18 Years or Older? Yes No

Permanent Address _____ Apt. # _____

City _____

State _____

Zip Code _____

Permanent Address _____ Apt. # _____

City _____

State _____

Zip Code _____

DESIRED EMPLOYMENT

Position _____

Date You Can Start _____

\$ Salary Desired _____

Are you employed now? Yes No

If so, may we inquire of your present employer? Yes No

Have you ever applied at Shiel Sexton before? Yes No

Where _____

When _____

Reason for leaving Shiel Sexton? _____

Name of last supervisor at Shiel Sexton? _____

Who referred you to Shiel Sexton? Employment Agency Newspaper Friend State Employment Office

College Placement Service Walk-In Other _____

EDUCATION

Identify persons or firms who provide the following services:

Education Level:	Name and Location of School	No. of Years Attended	Graduate?	Subjects Studied
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Trade, Business or Correspondence School	_____	_____	_____	_____

GENERAL

Subjects of special study or research work: _____

Special Training: _____

Special Skills: _____

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FORMER EMPLOYEERS

Name of Present or Last Employer: _____

Address		City	State	Zip Code
Position	Start Date	End Date		
\$	\$	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Weekly Starting Salary	Weekly Final Salary	()		
Name of Supervisor	Title	Phone		
Description of Work: _____				
Reason for Leaving: _____				

Name of Previous Employer: _____

Address		City	State	Zip Code
Position	Start Date	End Date		
\$	\$	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Weekly Starting Salary	Weekly Final Salary	()		
Name of Supervisor	Title	Phone		
Description of Work: _____				
Reason for Leaving: _____				

Name of Previous Employer: _____

Address		City	State	Zip Code
Position	Start Date	End Date		
\$	\$	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Weekly Starting Salary	Weekly Final Salary	()		
Name of Supervisor	Title	Phone		
Description of Work: _____				
Reason for Leaving: _____				

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REFERENCES

Below, give the name of three persons you are not related to, whom you have known at least one year.

Name	Address	Business	Years Acquainted
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

SERVICE RECORD

Branch of Service

Discharge Date Rank

OTHER

Can you lift 75 pounds? Yes No

Have you been convicted of a felony within the last 5 years? Yes No

If yes, please explain: _____

AUTHORIZATION:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Signature

Date

Please fax or mail your completed application to the Shiel Sexton Human Resources department at the address or fax number listed below.

902 N. Capitol, Indianapolis, IN 46204
phone: 317-423-6000 fax: 317-423-6300