SKY ASSOCIATES, LLC. is an equal opportunity employer and does not discriminate in employment on the basis of race, color, religion, sex (including pregnancy, childbirth, or related medical conditions), national origin, age, physical or mental disability, or any other characteristic protected by law.

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| **SKY ASSOCIATES, LLC.****Application For Employment** |
| (PLEASE TYPE OR PRINT ALL INFORMATION) Date of Application  |
| Position(s) Applied For  |
| Referral Source: [ ]  Advertisement [ ]  Friend [ ]  Walk-In  [ ]  Employment Agency [ ]  Relative [ ]  Other  |
| Name  Last First Middle |
| Present Address  Street Address City State Zip Code |
| How long have you lived at your present address?  |
| Home Telephone:(\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_ | Other Telephone:(\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_\_ | Social Security Number:\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_ |
| If employed and you are under 18, can you furnish a work permit? [ ]  Yes [ ]  No |
| Have you ever filed an application here before? [ ]  Yes [ ]  No If yes, give date(s)  |
| Have you ever been employed here before? [ ]  Yes [ ]  No If yes, give date(s)  |
| Are you employed now? [ ]  Yes [ ]  No |
| If yes, may we contact your present employer? [ ]  Yes [ ]  No |
| If no, are you on layoff and subject to recall? [ ]  Yes [ ]  No |
| If hired, can you present evidence of your identity andeligibility to work in the United States? [ ]  Yes [ ]  NoIf yes, are there any restrictions on your eligibilityto work in the United States? [ ]  Yes [ ]  No |
| On what date are you available for work?  |
| Are you available to work: [ ]  Full-time [ ]  Shift work [ ]  Part-time [ ]  Temporary |
| Are you available to work whatever schedule is necessary to meet the needs of our customers? [ ]  Yes [ ]  NoIf no, list days you would be available to work?  |
| Can you perform the essential functions of the position for the job you desire with or without reasonable accommodation? **[ ]**   Yes **[ ]**   No |
| Have you ever been convicted of, pled guilty to, or received deferred adjudication for, any felony of any kind, or any misdemeanor involving dishonesty or violence? [ ]  Yes [ ]  NoIf yes, state the nature of the crime(s), when and where you were convicted, and the disposition of the case:  (NOTE: [An applicant’s criminal history will not be an absolute bar to employment. Information regarding the applicant’s criminal record will be reviewed in light of all the surrounding circumstances, including age at the time of the offense, seriousness and nature of the offense, rehabilitation, relationship of the offense to employment, and federal and state statutory requirements.) |
| **Educational Background** |
|  | Elementary | High | College/Univ. | Graduate/Prof. |
| School name |  |  |  |  |
| Year completed (Circle) | 4 5 6 7 8 | 9 10 11 12 | 1 2 3 4 | 1 2 3 4 |
| Diploma/Degree |  |  |  |  |
| Describe course of study |  |  |  |  |
| Describe specialized training, apprenticeship, skills, and extra-curricular activities: |
| Honors Received: |
| **Employment Experience** |
| Start with your present or last job. Include military service assignments and volunteer activities. Attach additional pages, if necessary, to completely answer this section. **You must complete this section even if you are attaching a resume.** |
| **1** | Name of Employer | Telephone Number( ) |
| Address (Number, Street, City, State, Zip Code) | Employed (mm/yy)From To |
| Type of Business | Salary/WagesStart Last |
| Job Title and Nature of Work | Name of Supervisor |
| Reason for Leaving |
| **2** | Name of Employer | Telephone Number( ) |
| Address (Number, Street, City, State, Zip Code) | Employed (mm/yy)From To |
| Type of Business | Salary/WagesStart Last |
| Job Title and Nature of Work | Name of Supervisor |
| Reason for Leaving |
| **3** | Name of Employer | Telephone Number( ) |
| Address (Number, Street, City, State, Zip Code) | Employed (mm/yy)From To |
| Type of Business | Salary/WagesStart Last |
| Job Title and Nature of Work | Name of Supervisor |
| Reason for Leaving |
| **4** | Name of Employer | Telephone Number( ) |
| Address (Number, Street, City, State, Zip Code) | Employed (mm/yy)From To |
| Type of Business | Salary/WagesStart Last |
| Job Title and Nature of Work | Name of Supervisor |
| Reason for Leaving |
| **Unemployment** |
| List below any gaps in employment of one month or more, other than school and military service. |
| From (mm/yy) | To (mm/yy) | Reason |
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| **Special Skills and Qualifications** |
| Summarize any special training, skills, and qualifications acquired from employment or other experience.  |
|     |
| **Personal References** |
| List three references who are not related to you and are not previous employers: Name and Occupation Address Phone Number(1) (2) (3)  |
| **Additional Information** |
| State any additional information you feel may be helpful to us in considering your application. |

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| **Signature – Read and Initial Before Signing** |

\_\_\_\_ I certify that all of my statements and information I have given in this application are true, complete, and correct. I also understand that any misrepresentation, falsification, omission, or misleading statement in this application (and accompanying resume, if any) is grounds for rejection of my application, or for my immediate discharge if I am employed, regardless of the time elapsed before discovery of the statement.

\_\_\_\_ I agree to immediately notify SKY ASSOCIATES, LLC. if I am convicted of a felony, or any crime involving violence, dishonesty or a breach of trust while my application is pending or during my period of employment, if hired.

\_\_\_\_ In order to assist SKY ASSOCIATES, LLC. in conducting a background check, I authorize the Company to investigate my employment history, educational background, criminal history, personal references, credit record, and driving record. I further authorize any present or former employer, educational institution, personal reference, public agency, or other person or entities contacted by the Company to disclose to the Company upon request any information they may have about me. I release any such persons or entities from any and all liabilities for disclosing such information to the Company.

\_\_\_\_ I understand that nothing contained in this application is intended to create an employment contract between me and SKY ASSOCIATES, LLC. In addition, I understand and agree that if I am employed, my employment will be “at will,” terminable by me or the Company for any reason, at any time, with or without notice. No promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the President of the Company.

\_\_\_\_ SKY ASSOCIATES, LLC. is a drug-free workplace, and once employed, employees may be subject to drug testing under certain circumstances as outlined in the Employee Handbook

\_\_\_\_ This application will be kept on file for 1 year. If I have not heard from SKY ASSOCIATES, LLC. and still wish to be considered for employment after that time has passed, I must complete a new application.

Applicant’s Signature Date