



STOEPPEL WERTH & ASSOCIATES, INC.

APPLICATION FOR EMPLOYMENT

PERSONAL	Last Name First Middle			Date
	Street Address			Home Telephone: ()
	City, State, Zip			E-Mail Address:
	Have you ever applied for employment with us? <input type="checkbox"/> Yes If yes: Month and Year _____ <input type="checkbox"/> No			Best way to reach you: <input type="checkbox"/> Phone <input type="checkbox"/> Email
	Position applying for:			Yearly Salary or Hourly Rate Desired
	Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work?
	Other special training or skills (languages, computer training, surveying, construction, etc.)			

EDUCATION	SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	High School					
	College					
	Graduate School					
	Business/ Trade/ Technical					

Prospective employees will receive consideration without discrimination because of race, religion, color, sex, age, national origin, disability, citizenship, familial status, or veteran status.

EMPLOYMENT

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

1	Company Name	Telephone ()
	Address	Employment Date (Month/Year) From To
	Name of Supervisor	Yearly Salary or Hourly Rate Start Last
	Job Title/Describe Work	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employment Date (Month/Year) From To
	Name of Supervisor	Yearly Salary or Hourly Rate Start Last
	Job Title/Describe Work	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employment Date (Month/Year) From To
	Name of Supervisor	Yearly Salary or Hourly Rate Start Last
	Job Title/Describe Work	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employment Date (Month/Year) From To
	Name of Supervisor	Yearly Salary or Hourly Rate Start Last
	Job Title/Describe Work	Reason for Leaving

***We may contact the employers listed above unless you indicate those you do not want us to contact. DO NOT CONTACT: Employer Number (s) _____
Reason _____***

Please do not list relatives. Individuals with no prior work experience may list school or volunteer references.

REFERENCES	Name:	Company:
	Position:	Phone Number:
	Name:	Company:
	Position:	Phone Number:
	Name:	Company:
	Position:	Phone Number:
	Name:	Company:
	Position:	Phone Number:

GENERAL INFORMATION	<p>Have you ever been convicted of any crime (excluding minor traffic violations) that has not been expunged from your record?</p> <p style="text-align: center;">(Note: A conviction will not necessarily disqualify you from employment.)</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes – Please state the offence, location, date, and disposition _____</p> <p>_____</p> <p>_____</p>
	<p>Would you be willing to submit to a drug test?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
	<p>Do you have a valid driver's license?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
	<p>During the past seven years, has your license ever been suspended or revoked?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes – Please explain _____</p>
	<p>Do you have any obligations that would limit your ability to report to work on time every day or your ability to work overtime?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes – Please explain _____</p>
	<p>Please list any memberships in professional or civic organizations (Please exclude those which may disclose your race, color, religion, or national origin)</p> <p>_____</p>
	<p>List names of relatives and friends working for Stoepelwerth & Associates, Inc., other than your spouse</p> <p>_____</p>
	<p>What prompted you to apply for a position with Stoepelwerth & Associates, Inc? (i.e. newspaper ad, internet listing, heard about position from friends, previous experience)</p> <p>_____</p>
	<p>_____</p>

SIGNATURE

Please read the following statements carefully and initial next to each statement to indicate your understanding and agreement with the statement.

Initials

The above information is complete and true to the best of my knowledge. I understand that any misrepresentation or omission on my part of the facts in this application may result in immediate dismissal.

I authorize Stoepfelwerth and Associates Inc. to conduct any investigation necessary concerning my background. I also authorize any person or company listed here as a reference to disclose any information they may have regarding my qualifications for this position.

I understand that if hired by Stoepfelwerth and Associates Inc., I will be an employee at will. This means my employment with Stoepfelwerth and Associates Inc. may be terminated at any time at the option of either Stoepfelwerth and Associates Inc. or myself. I also understand that neither this application nor any communication by a management representative is intended to create or does in fact create a contract of employment.

Applicant's Signature

Date Signed

~~~~~ *For Employer's Use Only* ~~~~~

| REFERENCE CHECK | Employer | Person Contacted | Results |
|-----------------|----------|------------------|---------|
|                 | 1        |                  |         |
|                 | 2        |                  |         |
|                 | 3        |                  |         |
|                 | 4        |                  |         |

| INTERVIEW RESULTS | Interviewed by: |
|-------------------|-----------------|
|                   | Comments:       |
|                   |                 |
|                   |                 |

**ACTION TAKEN:**

Hired with start date of: \_\_\_\_\_

Position hired for: \_\_\_\_\_

Full-time or Part-Time: \_\_\_\_\_ Starting salary: \_\_\_\_\_