

APPLICATION FOR EMPLOYMENT

Samscreen, Inc.
216 Broome Corporate Pkwy.
Conklin, New York 13748

Please **TYPE** or **PRINT** clearly. This application must be completed and signed personally by the applicant. Each question must be answered in full. If answer is NO or NONE, indicate same. We appreciate your interest in our company.

Samscreen, Inc. subscribes to all Federal and State statutes which prohibit discrimination. We consider all applications for all positions without regard to race, color, religion, creed, gender, sexual orientation, national origin, age, genetic predisposition or carrier status, disability, marital, domestic violence or any other legally protected class or status.

NAME: Last First M.I. Social Security Number

PERMANENT ADDRESS:

Street City State Zip Telephone Number

Previous Addresses: Please include previous **temporary** and **permanent** addresses covering the last ten (10) years (use extra sheet if necessary).

Street Address	City	State	County	Dates From	To

- Are you 18 years or older? yes no
- Are you employed now? yes no
If so, may we inquire of your present employer? yes no
- Position applied for: _____ Rate of pay expected \$ _____/hour
- Other position(s) qualified for: _____
- Are you legally eligible for employment in the United States? yes no
- Check shifts you can work: ___Full-Time ___Part-time ___Days ___Evenings ___Weekends
- Special Licenses or Certifications _____
Expiration Date _____
- Have you been convicted of and/or plead guilty to a Felony or Misdemeanor? yes no
If yes, please provide us, on the attached sheet of paper, with the specific nature and details of the crime(s), date(s), court location, sentencing information and disposition of sentence. (Please note: a conviction record will not necessarily be a bar to employment)
- Have you ever been employed by **Samscreen, Inc.**? yes no If yes, when? _____
Position? _____

EDUCATION:

Circle Highest Grade Completed: Grade School High School College Graduate

1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4

Name and Location Course Degree

High School _____

College _____

Other Graduate, Business or Vocational School, or Other Training Skills: _____

Military Service Branch: _____ Years Served: _____ Rank: _____

Additional information regarding question #8. Conviction Record.

If you answered Yes, and have been convicted of a felony or misdemeanor, please provide additional information such as the date of the offense, the seriousness and nature of the offense and rehabilitation completed. (Please note: A conviction record will not necessarily be a bar to employment. Factors such as seriousness and nature of the violation and rehabilitation will be taken into account).

Describe the offense:

When (month/year):

Where (city/state):

Disposition (fine, jail, probation, etc.):

Please complete the following job-related questions:

1. Are you willing to work any shift, including nights and weekends? Yes_____ No_____
2. Are any relatives, including in-laws, employed at Samscreen, Inc.? Yes_____ No_____ If yes, give name, relationship and position _____

SKILLS (Circle yes or no)

Can you read a tape measure? Yes No Can you add & subtract fractional measurements? Yes No

Can you read calipers? Yes No Can you operate a metal shear? Yes No

Can you read a micrometer? Yes No Can you operate a computer? Yes No

Can you weld? Yes No If yes, what type of certification do you have? _____

Have you ever operated CNC Machinery? Yes No If yes, what types? _____

List any other skills you think may be of value to **Samscreen, Inc.** such as shipping, receiving experience, etc.:

EMPLOYMENT RECORD (List most recent first)

Name of Company _____ Address _____ Phone _____

Dates of Employment: From _____ To _____ Salary Start: \$ _____ per _____

Type of Business: _____ Last: \$ _____ per _____

Your Position/Title _____ Supervisor _____

Reason for Leaving _____

Briefly Describe Your Duties and Responsibilities: _____

Name of Company _____ Address _____ Phone _____

Dates of Employment: From _____ To _____ Salary Start: \$ _____ per _____

Type of Business: _____ Last: \$ _____ per _____

Your Position/Title _____ Supervisor _____

Reason for Leaving _____

Briefly Describe Your Duties and Responsibilities: _____

Name of Company _____ Address _____ Phone _____

Dates of Employment: From _____ To _____ Salary Start: \$ _____ per _____

Type of Business: _____ Last: \$ _____ per _____

Your Position/Title _____ Supervisor _____

Reason for Leaving _____

Briefly Describe Your Duties and Responsibilities: _____

Explain and give details of any period of unemployment longer than 30 days: (Use additional sheet)

REFERENCES: (Other than relatives) (List Three)

Name	Complete Address	Phone	Occupation	Years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

A pre-employment drug screen may be required before starting work. I authorize investigation of any information provided on this application and authorize investigation of my employment record and references. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. I understand that any misrepresentation, falsification or omission is cause for voiding this application or termination of employment if hired. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without any prior notice.

Date _____ Signature of Applicant _____

