

The SEPP Group, Inc.
Application for Employment

The SEPP Group, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of any characteristics protected by law, including race, color religion, age, sex, national origin, or disability.

PERSONAL:

Name _____ Date _____
 Last First Middle

Address _____
 Number and Street City State Zip

Position Sought _____ Full Time _____ Part Time _____

Date Available _____ Salary Desired _____ Phone No.: _____

Are you over 18 years old? ___yes ___ no

Are you legally eligible for employment in the United States? ___ yes ___ no
(If offered employment, you will be required to provide documentation to verify eligibility)

EDUCATION: Please indicate education or training that you believe qualifies you for the position you are seeking.

High School: Number of years completed (circle one) 1 2 3 4
Diploma: ___ yes ___ no G.E.D. ___yes ___no

Name _____

City/State _____

College and/or Vocational School: Number of years completed (circle one) 1 2 3 4

Name _____ City/State _____

Major _____ Degrees Earned _____

Other Training or Degree:

Name _____ City/State _____

Major _____ Degree/Certificate Earned _____

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s) Held _____

Other Professional Memberships _____

EMPLOYMENT: List last employer first, including US Military Service.

May we contact your current employer? ___ yes ___ no

If an employment was under a different name, indicate name _____

1) Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____

Salary _____ Supervisor _____ Department _____

Duties _____ FT ___ PT Number of Hours _____

Reason for Leaving _____

2) Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____

Salary _____ Supervisor _____ Department _____

Duties _____ FT ___ PT Number of Hours _____

Reason for Leaving _____

3) Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____

Salary _____ Supervisor _____ Department _____

Duties _____ FT ___ PT Number of Hours _____

Reason for Leaving _____

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

RECORD OF CONVICTION:

During the last 10 years, have you ever been convicted of a crime other than a minor traffic violation? ___ yes ___ no

If yes, explain: _____

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as your age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)

REFERENCES:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

APPLICANT’S CERTIFICATION AND AGREEMENT

”I hearby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and I authorize The SEPP Group, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release The SEPP Group, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if I am employed by The SEPP Group, Inc., falsified statements of any kind or omissions of facts called for on this application, shall be considered sufficient basis for dismissal. I authorize The SEPP Group, Inc. to make a thorough investigation of all statements contained on this application about my past employment, education, and other activities. I release liability from all persons and organizations supplying such information.

I understand that should an employment offer by extended to me and accepted, I will fully adhere to the policies, rules and regulations of employment of the employer. I also understand that The SEPP Group, Inc. is an “at will” employer. I understand that either I or The SEPP Group, Inc. may terminate any employment agreement for any reason or for no reason, at any time with or without notice.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Signature of Applicant: _____

Date: _____