



APPLICATION FOR EMPLOYMENT (SOLICITUD DE EMPLEO)

PERSONAL INFORMATION (Complete all application information.)			
Position(s) applied for:	I am available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings	Date of Application:	
Name (Last, First, MI):		Primary Phone No.:	Alternative Phone No.:
Street Address:	City:	State:	Zip:
Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of eligibility will be required upon offer of employment.)			
Date available to begin employment:		Salary Desired: per	

EMPLOYMENT HISTORY (List below your last three employers, starting with the most recent employer.)				
Present or Last Position:		Name of Company:		Dates of Employment (Month/Year): From to
Street Address of Company:		City:		State: Zip:
Starting Salary: per	Final Salary: per	Bonus (if applicable):	Commission (if applicable):	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor:		Supervisor's Title and Department:		Phone Number: Email Address:
Reason for Leaving:				
Present or Last Position:		Name of Company:		Dates of Employment (Month/Year): From to
Street Address of Company:		City:		State: Zip:
Starting Salary: per	Final Salary: per	Bonus (if applicable):	Commission (if applicable):	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor:		Supervisor's Title and Department:		Phone Number: Email Address:
Reason for Leaving:				
Present or Last Position:		Name of Company:		Dates of Employment (Month/Year): From to
Street Address of Company:		City:		State: Zip:
Starting Salary: per	Final Salary: per	Bonus (if applicable):	Commission (if applicable):	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor:		Supervisor's Title and Department:		Phone Number: Email Address:
Reason for Leaving:				

Name of Supervisor:	Supervisor's Title and Department:	Phone Number: Email Address:
Reason for Leaving:		

SKILLS AND QUALIFICATIONS			
<input type="checkbox"/> Office Admin:	Years:	<input type="checkbox"/> Warehouse:	Years:
<input type="checkbox"/> Sales:	Years:	<input type="checkbox"/> Driving:	Years:
<input type="checkbox"/> Management:	Years:	<input type="checkbox"/> Cashier:	Years:
<input type="checkbox"/> Deconstruction:	Years:	<input type="checkbox"/> Other:	Years:

EDUCATION INFORMATION						
High School or GED:	Address:	City:	State:	Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No	Graduation Year:	
College:	Address:	City:	State:	Degree/Year:	Major:	GPA:
Graduate School:	Address:	City:	State:	Degree/Year:	Major:	GPA:
Other:	Address:	City:	State:	Degree/Year:	Major:	GPA:

GENERAL
Identify any awards you've earned, training you've received, or certifications you did/do hold (with dates).
Please summarize why you would like to work for Second Chance.

REFERENCES (Please list three people who know you but are not related to you or previous supervisors.)				
Name	Address	Phone Number	Relationship/Occupation	Years Known

NOTIFICATION AND AGREEMENT (Please read thoroughly before signing.)

In making this application for employment, I authorize you to communicate with persons listed as references, former employers, and any others with whom you desire to check. I agree to hold such persons harmless with respect to any information they may give about me.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which would reflect adversely on, Second Chance Inc. I understand this decision is to rest with Second Chance.

If I am employed, I agree to conform to the employment policies of Second Chance. I understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with Second Chance is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

I understand that completion of this Application for Employment does not guarantee that I have been or will be employed by Second Chance.

I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application negatively.

I understand that any misrepresentation, deception, or false statement made in this Application for Employment may result in my not being considered for employment, and if not discovered by Second Chance until after I am employed, is grounds for, and may result in, my immediate termination.

Applicant's Printed Name	Applicant's Signature:	Date:
--------------------------	------------------------	-------

Thank you for your interest in working for Second Chance Inc. Although not every applicant can be personally contacted, each employee will receive consideration without discrimination based on race, color, religion, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.