

Shield Card America Employment Application

Do you use tobacco in any form? Yes No If Yes, stop here and return form to SCA Personnel.
Please Print Clearly

Date of Application: _____

Position(s) Applied For: _____ Desired Salary: _____

Referral Source: Advertisement Friend Relative Walk-in
 Workforce Services Other _____

Name: _____
Last First Middle Social Security Number

Address: _____
Street Apt/Number
City State Zip code
Home Phone Business Phone

If you are under 18, can you furnish a work permit? Yes No
Have you filed an application here before? Yes No If Yes, give date: _____
Have you ever been employed here before? Yes No If Yes, give date: _____
Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed
in this country because of Visa or immigration Status? Yes No
(Proof of citizenship or immigration status may be required upon employment)

Are you available to work: Full Time Part Time Shift Work Temporary
Are you on layoff and subject to recall? Yes No
Can you travel if job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
(Conviction will not necessarily disqualify applicant from employment.)
If yes, Please explain: _____

Are you a veteran of the U.S. Military Service? Yes No If Yes, Branch _____

List professional, trade, business or civic activities and offices held.
(You may exclude those which indicate race, color, religion, sex or national origin):

Give name address and telephone number of three references who are not related to you and are not previous employers.
1. _____
2. _____
3. _____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities.

Exclude organization names which indicate race, color, religion, sex or national origin.

Employer:	Dates Employed		Work Performed
Telephone: ()	From	To	
Address			
	Hr. Rate/Salary		
Job Title:	Starting	Final	
Supervisor:			
Reason for Leaving:			

Employer:	Dates Employed		Work Performed
Telephone: ()	From	To	
Address			
	Hr. Rate/Salary		
Job Title:	Starting	Final	
Supervisor:			
Reason for Leaving:			

Employer:	Dates Employed		Work Performed
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Telephone: ()	From	To	
Address			
	Hr. Rate/Salary		
Job Title:	Starting	Final	
Supervisor:			
Reason for Leaving:			

Education

	High School	College/University	Graduate/Professional
School Name			
Years Completed: (circle)			
Diploma/Degree:			
Describe Course of Study			
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities			

Indicate Languages you speak, read and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

PLEASE ANSWER ALL QUESTIONS IN THIS SECTION

Marital Status: Single Engaged Married Separated Divorced Widowed

Height: ___ Ft. ___ In. Weight _____ Lbs.

Sex: Male Female

Are you over 18 years of age? Yes No

If not, employment is subject to verification of minimum legal age.

Have you ever been bonded? Yes No If yes, with what employer? _____

What was your previous address? _____

How long at present address? _____ Years.

How long at previous address? _____ Years.

Applicants Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize you to obtain an investigative consumer report containing information obtained through personal interviews with my neighbors, friends and acquaintances. This report, if obtained, may include information as to my character, general reputation, personal characteristics and mode of living.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Signature of Applicant

Date

Please mail this application to:

Shield Card America

P.O. Box 58

Payson UT 84651

or Fax to: (801) 465-4188