

Employment Application

Complete this application by typing in your information or by writing it in with **black** ink only. Any **INCOMPLETE or UNSIGNED** application will not be considered. SkillSet Group is an **Equal Opportunity Employer (EOE)**. We do not discriminate on the basis of race, religion, sex, age, national origin, marital status or disability. We match your SkillSets with our current clients. The information you provide will be used to assess your SkillSets and what client you fit best with. Therefore, we encourage all applicants to be as thorough as possible. The more thorough and detailed you are, the better the assessments of your SkillSets.

Personal Data:

Full Name:		Phone:	Social Security:
Alternative Phone:	E-mail:		Alternative E-mail:
Address:		City/State/ Zip	

Drivers License: Standard CDL (CDL Type: _____) DL State & License Number: _____

Position Information:

Company Applying to:	Location (city):	Position:
----------------------	------------------	-----------

Have you ever been employed by the company you are apply to? Yes No
 If Yes, when were you last employed by the company? _____

Have you ever applied to the company? Yes No
 If Yes, when did you apply to the company? _____

Do you currently have any family members that are employed by the company? Yes No
 (Note: Relatives may not report to one another or be placed where employment may cause a conflict of interest)

Which Shift is Desired? (Check all that apply)
 1st Shift 2nd Shift 3rd Shift Office (8am-5pm) No Preference Other: _____

How did you hear about this position?
 CareerBuilder LinkedIn.com Indeed Craigslist.com SkillSet Group
 ZipRecruiter Referral Program Other: _____

Have you ever been placed by a Recruiter or a Staffing agency before? Yes No
 If Yes, what was the name of the Recruiter or Agency? _____

If hired, can you furnish proof that you are over 18 years of age? Yes No

Are you a U.S Citizen or have legal authorization to work in the U.S.? Yes No

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If you would need any reasonable accommodation to perform the essential functions of the job, please describe them:
(Note: We comply with ADA and consider reasonable accommodation measures that may be necessary for eligible applicants / employees to perform essential functions. Hire may be subject to passing a medical examination)

Education:

High School Diploma/GED/HISET? Yes No Secondary Degree(s)? AA BA MA Ph.D

University / College:		Date Completed:
Major(s):	Minor(s):	Honors:

University / College #2:		Date Completed:
Major(s):	Minor(s):	Honors:

Do you belong to any professional or trade organization? Yes No

If Yes, list them: _____

List any patents you have and any published articles or books you have written:

Please indicate any specific experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying:

Service Record:

Have you served in the U.S. Armed Forces Yes No

If Yes, provide the Branch of Service: _____ Rank at Discharge: _____

List any training received while in service: _____

Do you possess a Department of Defense security clearance? Yes No

Work Experience (List most recent work experience first):

(Complete this section as thoroughly as possible. You may include military service training as work experience. If you have had more than three jobs, use additional paper to explain if desired. You must complete this section even if attaching a resume)

Do you have any agreements with a current employer that would prohibit or restrict the performance of the duties for the position or company for which you are applying? Yes No

If Yes, please provide the company for which you have an agreement, dates, and details of the agreement:

Company Name:		Immediate Supervisor:	
Address:		City/State/ Zip	
Job Title:	Dates: From: To:	Company Phone:	

Job Description (duties, skills, equipment operated, etc.):

Reason for Leaving: _____

Company Name #2:		Immediate Supervisor:	
Address:		City/State/ Zip	
Job Title:	Dates: From: To:	Company Phone:	

Job Description (Duties, Skills, Equipment used, etc.):

Reason for leaving: _____

Company Name #3:		Immediate Supervisor:	
Address:		City/State/ Zip	
Job Title:	Dates:	Company Phone:	
	From:	To:	

Job Description (Duties, Skills, Equipment used, etc.):

Reason for leaving: _____

List References (people who know about your work / training):

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Information (That could be used to qualify you for the position):

Use the provided space to provide any additional information, such as volunteer work, licenses, certificates, special skills or anything else.

Disclaimer

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery

Initials

I hereby authorize SkillSet Group to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during my interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and SkillSet Group or a SkillSet Group client. In addition, I understand and agree that SkillSet Group is an at-will employer and my employment is for no definite or determinable period. I may be terminated at any time, with or without prior notice, at the option of with myself or SkillSet Group. Termination can occur with no promises or representations contrary to the foregoing are binding on SkillSet Group unless made in writing and signed by me and the appropriate designated SkillSet Group representative

By signing this document, either electronically or with a physical signature, I certify that all information on this application and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize **all** former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

Name

Date

Signature

Date: _____

Equal Employment Opportunity Data

Completion of this form is entirely **VOLUNTARY**, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for Equal Opportunity Employment purposes, and it will not become part of your personal record if you are hired by SkillSet Group or a SkillSet Group client.

Applicants Name: _____

Sex: Male Female

Race/Ethnicity: American Indian / Alaskan Native
 Asian / Pacific Islander
 Black
 Hispanic
 White
 Other: _____

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974/ Completion of the following information is **VOLUNTARY**, and will assist us in the proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

- Vietnam Era Veteran
- Disabled Veteran
- Individual with a disability

Signature

Date