

SL Tennessee LLC
312 Frank L. Diggs Drive
Clinton, TN 37716

APPLICATION FOR EMPLOYMENT

Date of Application: _____

Applying for what type work: _____

PLEASE PRINT OR TYPE. All required information must be completed. Failure to complete application may result in disqualifying you for employment considerations.

Do not state "See resume".

We consider applicants for all positions without regard to race, color, religion, creed, gender, natural origin, disability, marital or veteran status, or any other legally protected status.

Name: _____		
Last	First	Middle
Social Security Number: _____		
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, STOP and ask for assistance		
Address: _____		
Number & Street		
_____	_____	_____
City	State	Zip Code
Home Number: _____		Cell Number: _____

Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No (Example of <i>Proof of citizenship (photo ID and Social Security Card) will be required if offer employment</i>)
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No (Conviction will not necessarily disqualify applicant.) If answer is Yes, please explain _____

Have you ever applied for a job with this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? _____
Have you ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? _____
Reason for leaving? _____
Did you give a notice? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long? _____
Do you have any friends or relatives working for SL-America? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state name and relationship: _____

Please initial _____ and continue to next page

APPLICANT INFORMATION

Are you employed now? Yes No If yes, may we contact your present employer? Yes No

On what date would you be available for work? _____

Are you available to work Full time Part Time Temporary Any

What shift are you available to work (if applicable) _____ 1st _____ 2nd _____ 3rd _____ ANY

Are you available to work overtime if necessary? Yes No

Can you travel if a job requires it? Yes No

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

EDUCATION

	High School	College/University	Graduate/Professional
School Name			
Number of Years Completed			
Diploma/Degree GED			
Course of Study			

ADDITIONAL SKILLS

Do you speak, read, write, and understand English? Yes No

Do you speak, read, write or understand any foreign languages? Yes No

List any special skills you have:
(Example: computer skills, forklift certification, calipers, micrometers, CDL license etc.)

**EMPLOYMENT EXPERIENCE (last 10 years only, beginning with your most recent job held)
DO NOT STATE "See resume".**

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No

REFERENCES

We will contact references you have listed. Please provide two professional and two personal references if possible.

Name	Address	Telephone #	Professional	Personal

By signing this application, you are stating all information you submitted to be truthful and correct to the best of your knowledge.

Applicant's Signature: _____ **Date:** _____

SL-Tennessee, LLC
Attachment to Application for Employment

APPLICANT'S CERTIFICATION AND AGREEMENT

READ CAREFULLY AND SIGN

- If I willfully falsify personnel, work or other records, including any misrepresentation of physical condition or other important facts in seeking or maintaining employment, I may be refused employment, or if employed, terminated.
- My employer is authorized to use any information in my application and/or resume verifying all statements, investigating my work, medical and personal history. I hereby release past employers, health care providers, all references and any other persons answering the company's questions concerning my ability, character, reputation and previous employment record.
- I hereby consent to submit to any test deemed necessary by the company pursuant to its investigation of my background.
- If employed, I understand that my employment may be terminated at will, wither by the company or myself at any time with or without notice or cause. If terminated, the company shall be liable only for any wages, salary or benefits that I have earned up to and including the date of termination. I further agree that the company may modify the employment relationship at any time with or without notice or cause. If employed, I agree that my employment is not for any specified time, and that only the President of the company is authorized to enter into any agreements or assurance contrary to this policy, and any such agreement must be in writing.
- In consideration of my employment, I agree to observe all present and future company rules and policies.
- I hereby consent to medical or drug/alcohol testing, including, but not limited to, a urine test and/or blood test and I authorize the release and disclosure of the results of any such test for the company for its use and internal communication. I release and fully discharge the company and doctor(s), laboratory or facility that performs any such tests for the disclosure of such information to my employer.
- I understand that the needs of the company may require that I work overtime, shift work, or rotating schedules, which are not limited to a Monday through Friday schedule.
- I understand that the company is an **equal opportunity employer** and that in filling vacant positions the company will select the best qualified applicant available without regard to race, color, religion, sex age, national origin, handicap or veteran status. I further understand that the company does not discriminate in employment and that no statements or information provided in my application will be used to limit or exclude my consideration for employment in violation of any local, state or federal law.
- I understand that I am applying for employment at SL-Tennessee, LLC. This requires high personal and professional standards. I certify that I have read, understood, and agree to the above statements and that all information given by me in my employment application is true and complete in all respects, and I agree that if employed and it is found that any information is false or misleading in any way, I may be subject to termination without notice.

Applicant's Signature: _____ **Date:** _____