



**Instructions:** Please answer all questions below and provide your signature on the last page. While completing this form, do not identify race, gender, age, national origin, citizenship, religion, or provide any extraneous information such as a union affiliation, if any. Please print all responses and information plainly and clearly. Sani-Matic, Inc. is an equal opportunity employer and will consider all applications without discrimination on any basis prohibited by law.

**PERSONAL**

Name:   
(Last, First, Middle Initial)

Address:

City:  State:

Phone:

Zip code:

Is this your permanent address? Yes  No

If "No", please provide your permanent address:

Address:

Phone:

City:  State:

Zip code:

Are you 18 years of age or older? Yes  No   
If "No", do you have a work permit? Yes  No

Are you related to or do you live with anyone who is employed at Sani-Matic, Inc.? Yes  No

If "Yes", please provide name and position (if known) of the individual:

Have you ever worked for Sani-Matic, Inc. before? Yes  No

If "Yes", when?

Are there any periods during the year in which you are unable to work due to other commitments (e.g., semester breaks, summers, etc.)? Yes  No

If "Yes," please list the periods you will be unavailable to work.



**KIND OF WORK DESIRED**

What position are you seeking?  Preferred pay rate?

Are you seeking a full-time or part-time position?  Date you can start?

Are you willing to work a second shift? Yes  No  Are you willing to travel for work? Yes  No

This job may require working overtime and weekends are you available to work these hours? Yes  No

How did you hear of Sani-Matic, Inc.?

- |  |                                    |   |
|--|------------------------------------|---|
| <input type="checkbox"/> Employment Agency       | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Friend                     |
| Who? <input type="text"/>                        | <input type="checkbox"/> Ad        | Who? <input type="text"/>                           |
| <input type="checkbox"/> State Employment Office | <input type="checkbox"/> Walk-in   | <input type="checkbox"/> Other <input type="text"/> |

**EMPLOYMENT HISTORY**

**Last Employer**

Company Name:  Dates Employed:  to:

Address:  Phone:

City:  State:  Zip code:

Job Title:  Starting Pay:  Ending Pay:

Reason for leaving:

Immediate Supervisor (Name & Title):

Describe duties and responsibilities:



**EMPLOYMENT HISTORY CONTINUED**

**Previous Employer**

Company Name:  Dates Employed:  to:

Address:  Phone:

City:  State:  Zip code:

Job Title:  Starting Pay:  Ending Pay:

Reason for leaving:

Immediate Supervisor (Name & Title):

Describe duties and responsibilities:

**Previous Employer**

Company Name:  Dates Employed:  to:

Address:  Phone:

City:  State:  Zip code:

Job Title:  Starting Pay:  Ending Pay:

Reason for leaving:

Immediate Supervisor (Name & Title):

Describe duties and responsibilities:



**EMPLOYMENT HISTORY CONTINUED**

**Previous Employer**

Company Name:  Dates Employed:  to:

Address:  Phone:

City:  State:  Zip code:

Job Title:  Starting Pay:  Ending Pay:

Reason for leaving:

Immediate Supervisor (Name & Title):

Describe duties and responsibilities:

May we contact the employers listed above? Yes  No

If not, indicate which employer(s) we cannot contact and explain why?

Have you ever been fired from any employment or disciplined for conduct connected to work? Yes  No

If "Yes," please explain:



**EDUCATION**

High School:   
(School Name, City, State)

Did you graduate? Yes  No

Other Schools Attended (post high school)   
(School Name, City, State)

Dates of attendance:  Area of study:

Did you receive a degree? Yes  No  Date you received the degree:

Other Schools Attended (post high school)   
(School Name, City, State)

Dates of attendance:  Area of study:

Did you receive a degree? Yes  No  Date you received the degree:

**OTHER BACKGROUND**

Describe any training or experience you have that you believe qualifies you for the job you are applying for:

Describe any equipment you have worked with or operated that you believe is beneficial for the job you are applying for:

Do you have any occupational licenses or certificates? Yes  No

If "Yes", what license(s) or certificates(s) do you hold?  
(Please list dates of license/certificate)



**PERSONAL REFERENCES**

Name:  Years acquainted:

Address:  Phone:

Name:  Years acquainted:

Address:  Phone:

Name:  Years acquainted:

Address:  Phone:

**PLEASE READ AND SIGN BELOW**

I certify that the information on this application is complete, true and correct. I understand that any misrepresentation or omission of a fact or information sought on this application may result in my application not being considered, or employment terminated if hired. I also authorize Sani-Matic, Inc. to check references and statements on this application, agree to cooperate with such an investigation and release it and anyone furnishing information from all liability or damage to me related to the information provided.

I understand that job offers with Sani-Matic, Inc. may be contingent on successfully passing a physical examination and/or drug screen. I also understand that I may be required to sign a Confidentiality and/or Non-Compete Agreement as a condition to employment.

I further understand that Sani-Matic, Inc. is an "at-will" employer. That means either I or Sani-Matic, Inc. may terminate the employment relationship, with or without notice, for any reason or no reason, at any time. The at-will relationship may not be modified by anyone at Sani-Matic, Inc. except by the president acting through signed, written agreement.

Date:

Sign here: