



Employment Application

Today's Date: ___/___/___

SBS is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, gender, national origin, age, disability, veteran status or any other status protected by local, state or federal laws.

Please Print:

Last Name: _____ **First Name:** _____ **MI:** _____

Street Address _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Cell Phone: _____

Position Desired: _____ Date available to start: _____

Shift(s) preferred: 8am to 4pm _____ 4 to Midnight _____ Midnight to 8am _____

Are you available to work holidays? Yes _____ No _____ Weekends? Yes _____ No _____

How did you hear about us? Employee _____ Parish Bulletin _____ Newspaper _____
Other (Specify): _____

Are you related to anyone who is employed by SBS? Yes _____ No _____
If yes, who? _____ Relationship to you? _____

Have you ever applied here before? Yes _____ No _____ If yes, when? _____

Are you legally eligible to work in the United States? Yes _____ No _____ (proof of eligibility will be required the first day of employment.)

Are you over the age of 18? Yes _____ No _____ (Those under 18 must provide authorization to work papers)

Have you ever been convicted of a crime other than a minor traffic violation? Yes _____ No _____
(A conviction record will not necessarily be a bar of employment. Factors such as seriousness, nature and date of the violation, job relatedness and age when offense occurred will be taken into account. The criminal search is not run until after an offer of employment has been extended and accepted.)

Do you have a valid driver's license? (For driving positions only): Yes _____ No _____

Educational Background

Name and Location Of School:	# of Years completed:	Diploma/ or Degree?
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Elementary: _____

High
School _____

College: _____ Major: _____

Graduate: _____

Vocational: _____

List any specialized or professional training, apprenticeships, license, skills or accreditations that are current and job related: _____

Employment History:

(List all employers, starting with your current or most recent employer. Previous salary information will not be used to determine compensation for any position at SBS)

Company Name:	Date employed:	To:
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City & State:
Supervisors Name: _____ Phone: _____

Your title and job duties:

Starting Salary:	Ending Salary	Reason for Leaving:
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Company Name:	Date employed:	To:
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City & State
Supervisors Name _____ Phone: _____

Your title and job duties:

Starting Salary:	Ending Salary:	Reason for Leaving:
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Company Name:	Date employed:	To:
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City & State
Supervisors Name: _____ Phone: _____

Your title and job duties:

Starting Salary:	Ending Salary:	Reason for Leaving:
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Is there anything else you wish to tell us about your background, i.e., volunteer assignments, community activities, other relevant skills.

Personal References

List three people not related to you who can provide personal references:

Name:	Know how long?	Phone Number:
1. _____		
2. _____		
3. _____		

Business References:

List at least two former employers/supervisors who are able to verify employment information:

Name: _____ Phone: _____

Company & Business Title: _____

Name: _____ Phone: _____

Company & Business Title: _____

Notification and Agreement

I understand that any false statements, relevant omissions or other misleading representations on this application or any other accompanying or required documents shall be sufficient cause for denial of employment or immediate termination of employment, regardless of how or when discovered. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

Read carefully and sign:

I hereby affirm that the facts stated above in my application for employment are true and correct. I give my permission to SBS to obtain all information from my employers about my past work history, including performance and salary information. I also give permission to contact my personal references.

Applicants Signature: _____ Date: _____