



Application for Employment

PERSONAL INFORMATION

Full Name	<div style="display: flex; justify-content: space-between;"> First MI Last </div>	Social Security #	
Address	Street Address	City, State	Zip Code
Phone Number		Alternate Phone	
Position Applied For		Today's Date	

APPLICANT QUESTIONS

What type of work would you accept (check all that apply)? Full-Time Part-Time Temporary (FT) Temporary (PT)

What days and hours are you available to work? _____

Are you over 18? Yes No

Do you have the legal right to reside and work in the U.S.? Yes No *(Documentation is required upon hire)*

Do you have reliable transportation to work? Yes No

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

Have you ever been employed by Spectrum? Yes No If so, when: _____

Do you have a friend or relative employed by Spectrum? Yes No If so, who: _____

How did you learn of this opening? _____

EDUCATION AND SKILLS

	High School	Business/Vocational School	Undergraduate College	Graduate or Professional
School Name				
Dates of Enrollment (From/To)				
Location of School (City, State)				
Total Years Completed				
Major/Subject				
Diploma or Degree Received (Yes/No)				
Overall G.P.A.				

Describe any applicable specialized training, apprenticeship, skills or activities: _____

List any professional or vocational certificates, licenses, or registrations that you currently hold or have held: _____

List languages spoken other than English: _____

EMPLOYMENT HISTORY

Do not write "see resume" on this section or anywhere on this application.

Please list your previous employers in chronological order with the present or last employer first. Account for all periods of time including military service and any period of unemployment. If self-employed, give name of company and supply business references. Please attach additional sheets of paper to this application if necessary to document your employment history for the past 10 years.

Company Name	From (Mo/Yr)	Starting Pay	Job Title
Street Address	To (Mo/Yr)	Ending Pay	Reason for Leaving
City State Zip	Supervisor	Phone #	
Job Duties and Responsibilities:			
Company Name	From (Mo/Yr)	Starting Pay	Job Title
Street Address	To (Mo/Yr)	Ending Pay	Reason for Leaving
City State Zip	Supervisor	Phone #	
Job Duties and Responsibilities:			
Company Name	From (Mo/Yr)	Starting Pay	Job Title
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Street Address	To (Mo/Yr)	Ending Pay	Reason for Leaving
City State Zip	Supervisor	Phone #	
Job Duties and Responsibilities:			

BACKGROUND SPECIFICS

May we contact your present employer? Yes No

If no, please explain: _____

Have you ever been discharged or asked to resign from any job? Yes No

If yes, please explain: _____

Have you ever been reprimanded, suspended, or terminated for fighting or demonstrating any violent behavior on the job, whether or not it was your fault? Yes No

If yes, please explain: _____

Have you ever been reprimanded, suspended or terminated by any employer for any act of harassment, whether based upon gender, race, national origin or any other trait or characteristic? Yes No

If yes, please explain: _____

Please explain any gaps in your employment history: _____

Please explain why you feel you are qualified for the position for which you have applied. Include a brief explanation of the skills, experience, or other qualifications that will ensure you will be successful in this position?

Have you ever been convicted or pled no contest or nolo contendere to:

[a] a felony? Yes No

[b] a misdemeanor (including any alcohol or substance related traffic violations) that has not subsequently been expunged from your record? Yes No

Note: Answering "Yes" to the above questions does not constitute an automatic bar to employment. Each case will be determined on its own merits.

If you answered yes to [a] and/or [b] above, please explain fully, including disposition: _____

REFERENCES

Spectrum Information Services NW, Inc. will not consider for employment any person who does not provide the name and current contact information of at least three **professional** references who can and will discuss the applicant's work history and suitability for the position sought.

Please list three **professional** references who have known you for a year or more:

Name	Business Name	Phone Number	Street Address, City, State
1. _____			
2. _____			
3. _____			

AUTHORIZATION & RELEASE FOR REFERENCES

I understand that providing acceptable references is my responsibility and that SIS NW, Inc. may refuse to employ me if I do not provide current contact information for a suitable number of professional references who are both qualified to and willing to discuss with SIS NW, Inc. my experience and my qualifications for the position I am seeking.

I authorize each of the professional references provided by me, as well as any custodian of records at any former employer to release any information regarding my employment, experience and qualifications for the position being sought with SIS NW, Inc. I hereby fully waive any rights or claims I have or may have against the aforementioned, and release them from any and all liability, claims or damages that may directly or indirectly result from the disclosure or release of such information, whether or not that information is favorable or unfavorable to me.

Print Name

Signature

Date

ACKNOWLEDGMENTS

I hereby certify that everything on this application and its accompanying documents (Disclosure to Employment Applicant Regarding Procurement of A Consumer Report, and Release Authorization Form), is true and complete and that I have omitted no material facts or information. I understand that regardless of when discovered, any misrepresentation, falsification or material omission of information on this Employment Application and its accompanying documents or in the interview process, will result in no offer of employment being extended to me, or an extended offer being rescinded or in the termination of my employment with Spectrum, depending upon when the misrepresentation, falsification or material omission is discovered.

I understand that once employed by SIS NW, Inc. I will be required to immediately offer satisfactory documentary proof of my right to reside and work in the United States.

I understand that my employment with SIS NW, Inc. will at all times be an "at will" relationship which can be ended by me or by Spectrum, and any time, for any reason or for no reason, with or without notice.

I understand that only the President & Chief Executive Officer of SIS NW, Inc. can modify the "at will" nature of my employment relationship with SIS NW, Inc. and that such modification must be in writing and signed by the President & Chief Executive Officer of SIS NW, Inc. to have any force or effect.

I understand that I will be considered for employment with SIS NW, Inc. only if this application and the required accompanying documents are filled out in their entirety. I also understand that this application will be active for a maximum of thirty (30) days. If I wish to be considered for employment after that time, I must reapply.

Signature of Applicant

Date