

## **Employment Application**

SEMS, Inc. and subsidiaries are equal opportunity employers. We do not discriminate against any applicant or employee because of disability, race, color, region, sex, age, or national origin.

**PERSONAL:** 

| Name:  | Social S        | Social Security No.:            |  |                  |
|--|-----------------|---------------------------------|--|------------------|
| Present Address:   |                 |                                 |  |                  |
| Phone Number ( )   | Are you         | Are you? ( ) Under 18 ( ) 18-70 |  |                  |
| Have you filed an application or been employed   | d here befo     | ore?()                          | Yes ( ) No Dat                         | re(s)            |
| Are you a U.S. Citizen? ( ) Yes ( ) No   |                 |                                 |  |                  |
| If you are not a U.S. Citizen, are you authorized  | d to work i     | n the U                         | . S.? ( ) Yes ( )                      | ) No             |
|  |                 |                                 |  |                  |
| EDUCATION:   |                 |                                 |  |                  |
| Name and Location of School Attended (High Schoool, College, Vocational, or other)                     | Number of years | Date                            | Nature of<br>Course taken or<br>Degree | Grade<br>Average |
| 1.   |                 |                                 |  |                  |
| 2.   |                 |                                 |  |                  |
| 3.   |                 |                                 |  |                  |
| List any special school (extension, business, co training with dates of attendance:                    | mpany spo       | nsored                          | , correspondence) o                    | or other         |
| List any high school or college activities in whi indicate age, sex, race, color, disability, religion | • 1             | -                               | ,                                      | which            |
| Did you work while attending school? ( ) Yes Where? Hours per week?                                    | ( ) No          |                                 |  |                  |

## POSITION:

| POSITION:                        |                               |                                |  |           |
|----------------------------------|-------------------------------|--------------------------------|--|-----------|
| Position Desired:                |                               |                                |  |           |
| What are your qualifications f   | or the position for which you | applied?                       |  |           |
|                                  |                               |                                |  |           |
| Are you on lay-off and subject   | to recall? ( ) Yes ( ) No     | Where?                         |  |           |
| Do you have any ambitions be     |                               | ? ( ) Yes ( ) No               |  |           |
| Please list:                     |                               |                                |  |           |
| Are you willing to work overt    | ime? () Yes () No If          | f no avnlein                   |  |           |
| Are you willing to relocate?     |                               | f no, explain<br>f no, explain |  |           |
| Are you willing to travel?       |                               | f no, explain                  |  |           |
| Salary Desired:                  |                               | vailable:                      |  |           |
|                                  |                               |                                |  |           |
| EMPLOYMENT HISTOI                |                               |                                |  |           |
| Company                          | Address                       | Phone                          | <u>From</u>                                  | <u>To</u> |
|                                  |                               |                                |  |           |
|                                  |                               |                                | mm / yy                                      | mm / yy   |
| Job Title                        | Starting Salary               | Current or ending salar        | y:   |           |
| Supervisorøs name and title      |                               |                                |  |           |
| Supervisorys name and title      |                               |                                |  |           |
| Describe Duties briefly          |                               |                                |  |           |
| Give Specific Reasons for Leavin | ησ                            |                                |  |           |
| -                                |                               |                                |  |           |
| May we communicate with your     | current employer? ( ) Yes (   | ) No                           |  |           |
| Company                          | Address                       | Phone                          | From   | To        |
|                                  |                               |                                |  |           |
|                                  |                               |                                | mm / yy                                      | mm / yy   |
| Job Title                        | Starting Salary               | Current or ending salar        |  | 33        |
| Job Tide                         | Starting Salary               | Current or chang salar         | · y ·  |           |
| Supervisorøs name and title      |                               |                                |  |           |
| Describe Duties briefly          |                               |                                |  |           |
| Describe Duties orieny           |                               |                                |  |           |
| Give Specific Reasons for Leavir | ng                            |                                |  |           |
| May we communicate with your     | current employer? ( ) Ves (   | ) No                           |  |           |
| way we communicate with your     | current employer: ( ) res (   | ) 110                          |  |           |
| Company                          | Address                       | Phone                          | From   | <u>To</u> |
|                                  |                               |                                |  |           |
|                                  |                               |                                | mm / yy                                      | mm / yy   |
| Job Title                        | Starting Salary               | Current or ending salar        | <u>.                                    </u> |           |
| Companyia and analysis and 4441  |                               |                                |  |           |
| Supervisorøs name and title      |                               |                                |  |           |
| Describe Duties briefly          |                               |                                |  |           |
| Civa Casaifia Danasa da I        | .~                            |                                |  |           |
| Give Specific Reasons for Leavin | ıg                            |                                |  |           |
| May we communicate with your     | current employer? ( ) Yes (   | ) No                           |  |           |
|                                  |                               |                                |  |           |

**DRIVER'S LICENSE HISTORY:** All applicants must have a valid driver¢s license with no more than two (2) moving violations within the past three (3) years and no serious violations (reckless driving, D.W.I., etc.) in the past five (5) years.

## **DRIVING RECORDS WILL BE CHECKED!**

| Driverøs License No.                  | Issuing State                               | Type/Class            |           |
|---------------------------------------|---|-----------------------|-----------|
| Expiration Date                       | Date of Birth                               |                       |           |
| Name on Drivers License               |   |                       |           |
| How many moving violations within the | e past three (3) years?                     |                       |           |
| List all violations                   |   |                       |           |
|                                       |   |                       |           |
|                                       |   |                       |           |
| MILITARY SERVICE RECORD:              |   |                       |           |
| Date of induction                     | of induction Date of discharge              |                       |           |
| Branch of service                     |   |                       |           |
| Rand at time of induction             | Rand at time of induction Rank at discharge |                       |           |
| Special duty or training              |   |                       |           |
| Current Reserve or Guard Member ( )   | Yes ( ) No Obligation                       |                       |           |
|                                       |   |                       |           |
| LIST FOUR (4) REFERENCES O            | THED THAN DELATIV                           | FS OR PAST FMPI       | OVERS     |
| (INDIVIDUALS WHO MAY HAVE             | E KNOWN YOU FOR SEV                         | /ERAL YEARS)          | LOTEKS.   |
| SKIP THIS SECTION IF INFORM           | •   | ON RESUME'. PHONE NO. | YEARS     |
| NAME OCCUPATION                       | ADDRESS                                     | PHONE NO.             | KNOWN     |
|                                       |   |                       |           |
|                                       |   |                       |           |
|                                       |   |                       |           |
|                                       |   |                       |           |
| Have you ever been convicted of a fe  | elony? ( ) YES ( ) NO                       | If YES, please exp    | <br>olain |
|                                       |   | -                     |           |
|                                       |   |                       |           |

## APPLICANT'S CERTIFICATION AND AGREEMENT

SEMS requires a thorough Background Investigation to verify the completeness and accuracy of applicant data. SEMS may further require aptitude and/or Psychological Testing.

| Are you willing to undergo a Background Investigation? ( ) Yes ( ) No                             |
|---|
| f no, please explain:   |
|   |
|   |
| Are you willing to undergo Aptitude and/or Psychological Testing? ( ) Yes ( ) No                  |
| f no, please explain:   |
|   |
|   |
|   |
| certify that the facts set forth in the above employment application are true and complete to the |
| pest of my knowledge. I understand that if employed, falsified statements on this application     |
| shall be considered sufficient cause for dismissal. The company is authorized to make an          |
| nvestigation of my personal history and financial and credit records through any investigation or |
| credit agencies or bureaus of its choice, as indicated above*                                     |
|   |
| NOTE: The Provisions of the Fair Credit Reporting Act may be applicable if a credit report on     |
| he applicant is obtained and considered.  |
| Signature: Date:  |