

	Completed		
High School		YES	
		NO	
College or University		YES	
		NO	
Trade or Business School		YES	
		NO	
For reference purposes, have you worked or attended school under a former name? YES NO			
If yes, please list former name:			

REFERENCES

Please provide the names and contact information for two persons whom you have known for at least five years. Please exclude relatives.

Name	Address	Phone	Occupation	How Long?

EMPLOYMENT HISTORY

Please fill in completely, beginning with present or most recent position.

Employer Name & Address	Phone No:	Start Date:	End Date:
	Supervisor:	Job Title:	
	Reason for Leaving:	May we contact them? YES NO	

Employer Name & Address	Phone No:	Start Date:	End Date:
	Supervisor:	Job Title:	
	Reason for Leaving:	May we contact them? YES NO	

Employer Name & Address	Phone No:	Start Date:	End Date:
	Supervisor:	Job Title:	
	Reason for Leaving:	May we contact them? YES NO	

Please explain any extended period of unemployment.
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CONDITIONS OF EMPLOYMENT: I understand that false statements or omissions on this application or resume may result in dismissal at any time. I agree to random urinalysis drug screening if employed by S.P.I. I understand and agree that all information furnished on this application may be verified by S.P.I. or its authorized representative. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization or credit bureau to give S.P.I. all information, relative to such verification and hereby release such individuals, organizations, and S.P.I. from any and all liability for any claim or damage resulting wherefrom.

In consideration of my employment, I agree to conform to the rules and regulations of S.P.I. I understand that any employment relationship is at will and may be terminated at any time, with or without cause, and with or without notice, at the option of either the company or myself. I understand that only authorized personnel of S.P.I. have the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Signature

Date



APPLICANT'S STATEMENT

(Initial each numbered item as read)

1. _____ The information that I have provided on this application is accurate to the best of my knowledge and may be verified by S.P.I., or its agents.
2. _____ I authorize all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of S.P.I., for the use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release S.P.I., my former employers and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.
3. _____ I understand that S.P.I., is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if S.P.I., has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or if already employed, to be terminated.
4. _____ I authorize S.P.I., to obtain consumer reports from consumer reporting agencies for use in deciding whether or not to offer me employment. I understand that such reports may include information concerning my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I understand that if I am denied employment based on information obtained in any credit report, I will be provided with the name, address, and telephone number of the consumer reporting agency, a copy of the report, and an explanation of my rights concerning it.
5. _____ I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
6. _____ I understand and agree that the employment for which I am making application is, and is intern to be, at-will and such employment may be terminated at any time with or without cause, without prior notice, by either me or S.P.I. There will be no agreement, express or implied between S.P.I., and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, signed by an authorized representative of S.P.I.
7. _____ I have placed my signature in the space provided below only after I have completed the entire to the best of my ability and have carefully read the foregoing seven (7) statements.

This Space for Office Use Only

Signature

Name or Electronic Signature

Date

SUBMIT



U.S. Equal Opportunity Employment Information (Completion is voluntary)

Individuals seeking employment at **S.P.I.** are considered without regards to race, color, religion, national origin, age, sex, marital status, ancestry, physical or mental disability, veteran status, or sexual orientation. You are being given the opportunity to provide the following information in order to help us comply with federal and state Equal Employment Opportunity/Affirmative Action record keeping, reporting, and other legal requirements.

Completion of the form is entirely **voluntary**. Whatever your decision, it will not be considered in the hiring process or thereafter. Any information that you do provide will be recorded and maintained in a confidential file.

Gender

- Male
- Female
- Decline to Self-Identify

Race

- American Indian or Alaskan Native** – (a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment)
- Asian** –(a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam)
- Black or African American** (a person having origins in any of the black racial groups of Africa)
- Hispanic or Latino** (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- White** (a person having origins in any of the original peoples of Europe, the Middle East or North Africa)
- Native Hawaiian or Other Pacific Islander** (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- Two or More Races** (all persons who identify with two or more of the above race categories)
- Decline to Self-Identify**

If you believe you belong to any of the categories of protected veterans listed below, please indicate by making the appropriate selection. As a company subject to Vietnam Era Veterans Readjustment Assistance Act (VEVRAA), we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. Classification of protected categories is as follows:

A "disabled veteran" is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, navel, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Veteran Status

- I am not a veteran or a protected veteran
- I am a veteran but not a protected veteran
- I identify as one or more of the classifications of a protected veteran
- I don't wish to answer
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Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability.

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Disability Status

- Yes, I have a disability (or previously had a disability)
- No, I don't have a disability
- I don't wish to answer