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| PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE | | | | |  | | | | | | | | | | | | | | | |  | | | | |
| APPLICATION FOR EMPLOYMENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thank you for your interest in joining our team. While we encourage all who are interested in joining out team to submit an application, we do not contact every applicant. If, based on the information provided, you meet the facility’s hiring criteria, the appropriate Department Manager will contact you.  APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | DATE | |  | | | | | | | |
| Name |  | | | | | | | |  | | |  | | | | | | | | | |  | | | |
|  | Last | | | | | | | | First | | | Middle | | | | | | | | | | Maiden | | | |
| Present address | |  | | | | | |  | | | |  | | | | | | | | | |  | | |  |
|  | | Number | | | | | | Street | | | | City | | | | | | | | | | State | | | Zip |
| Home Telephone | | |  | | | | | | | | | Social Security No. | | | | | | |  | | | | | | |
| Cell phone | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Email Address | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Position applied for (Be specific) | | | | | |  | | | | | | | Days/hours available to work | | | | | | | | | | | | |
| How many hours can you work weekly? | | | | | | |  | | | | | | Mon | | | |  | | | Fri | | | |  | |
| May we contact you by email? | | | | | | | YES | | | | NO | | Tue | | | |  | | | Sat | | | |  | |
| Can you work nights? | | | | | | | YES | | | | NO | | Wed | | | |  | | | Sun | | | |  | |
| Employment desired | | | | | | | | | | | | | Thur | | | |  | | | No Pref | | | |  | |
| FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date you would like to start working with Safety Training Services, Inc. | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| TYPE OF SCHOOL | | | | NAME OF SCHOOL | | | | | | LOCATION (City, State) | | | | | NUMBER OF YEARS COMPLETED | | | | | | | | MAJOR & DEGREE | | |
| High School | | | |  | | | | | |  | | | | |  | | | | | | | |  | | |
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| College | | | |  | | | | | |  | | | | |  | | | | | | | |  | | |
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| Bus. or Trade School | | | |  | | | | | |  | | | | |  | | | | | | | |  | | |
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| Professional School | | | |  | | | | | |  | | | | |  | | | | | | | |  | | |
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| PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE | | | | |  | | | | | | | | | | | | | | |  | |
| APPLICATION FOR EMPLOYMENT | | | | | | | | | | | | | | | | | | | | | |
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| DO YOU HAVE A DRIVER’S LICENSE? | | | | | | | YES | | NO | | | | | | | | | | | | |
| What is your means of transportation to work? | | | | | | | |  | | | | | | | | | | | | | |
| Driver’s license number | |  | | | | | | | | State of issue | | | | |  | | | Expiration date | | |  |
| Do you have auto insurance? | | | | YES | | NO Check One | | | | | | | Operator | | | | Commercial (CDL) | | | | Chauffeur |
| Have you had any accidents during the past three years? | | | | | | | | | | | | | YES | | | | NO | | How many? | |  |
| Have you had any moving violations during the past three years? | | | | | | | | | | | | | YES | | | | NO | | How Many? | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| Do you feel comfortable using a Windows-based computer? | | | | | | | | | | | YES | | | NO | | | | | | | |
| Programs You Have Used: | | |  | | | | | | | | | | | | | | | | | | |
| Additional Computer Skills: | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Please list two references other than relatives: | | | | | | | | | | | | | | | | | | | | | |
| Name |  | | | | | | | | | | | Name | | | |  | | | | | |
| Position |  | | | | | | | | | | | Position | | | |  | | | | | |
| Company |  | | | | | | | | | | | Company | | | |  | | | | | |
| Address |  | | | | | | | | | | | Address | | | |  | | | | | |
| Telephone |  | | | | | | | | | | | Telephone | | | |  | | | | | |
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| An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. | | | | | | | | | | | | | | | | | | | | | |
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| APPLICATION FOR EMPLOYMENT | | | | | | | | | | | | | | | | |
| HAVE YOU EVER BEEN IN THE ARMED FORCES? | | | | | | | | | YES | NO | | | | | | |
| ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? | | | | | | | | | YES | NO | | | | | | |
| Specialty | |  | | | | | | | | | | | | | | |
| Date Entered | |  | | | | | | Discharge Date | |  | | | | | | |
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| Work Experience | | | Please list your work experience beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary. | | | | | | | | | | | | | |
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| Name of employer | | | |  | | | | | | Employment dates | | | | | Pay or salary | |
| Full Address |  | | | | | | | | | From: |  | | | | Start: |  |
| Last job title |  | | | | | | | | | To: |  | | | | Final: |  |
| Name of last supervisor | | | | |  | | | | | Phone number | | |  | | | |
| Reason for leaving (be specific) | | | | | |  | | | | | | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | | | | | | | | | | | | | | |
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| Name of employer | | | |  | | | | | | Employment dates | | | | | Pay or salary | |
| Full Address |  | | | | | | | | | From: |  | | | | Start: |  |
| Last job title |  | | | | | | | | | To: |  | | | | Final: |  |
| Name of last supervisor | | | | |  | | | | | Phone number | | |  | | | |
| Reason for leaving (be specific) | | | | | |  | | | | | | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | | | | | | | | | | | | | | |
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| APPLICATION FOR EMPLOYMENT | | | | | | | | | | | | | | | | |
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| Name of employer | | |  | | | | | | Employment dates | | | | | Pay or salary | | |
| Full Address |  | | | | | | | | From: |  | | | | Start: |  | |
| Last job title |  | | | | | | | | To: |  | | | | Final: |  | |
| Name of last supervisor | | | |  | | | | | Phone number | | |  | | | | |
| Reason for leaving (be specific) | | | | |  | | | | | | | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | | | | | | | | | | | | | | |
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| Name of employer | | |  | | | | | | Employment dates | | | | | Pay or salary | | |
| Full Address |  | | | | | | | | From: |  | | | | Start: |  | |
| Last job title |  | | | | | | | | To: |  | | | | Final: |  | |
| Name of last supervisor | | | |  | | | | | Phone number | | |  | | | | |
| Reason for leaving (be specific) | | | | |  | | | | | | | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | | | | | | | | | | | | | | |
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| May we contact your present employer? | | | | | | | | YES | NO | | | | | | | |
| Did you complete this application yourself | | | | | | | | YES | NO | | | | | | | |
| If not, who did? | | |  | | | | | | | | | | | | | |
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| PLEASE READ CAREFULLY | | | |
| APPLICATION FORM WAIVER | | | |
| In exchange for the consideration of my job application by Safety Training Services, Inc. (hereinafter called “the Company”), I agree that:  Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Safety Training Services, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and Safety Training Services, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. | | | |
| I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract. | | | |
| I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations. | | | |
| I understand that, in connection with the routine processing of your employment application, the Company may request an investigative consumer report including information as to my credit records, background check, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. | | | |
| I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party. | | | |
| Signature of applicant |  | Date: |  |
| This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications. | | | |
| Thank you for completing this application form and for your interest in our business. | | | |
|  | | | |
| Once complete, this application can be sent by email to: [contactus@safetytrainingservices.net](mailto:contactus@safetytrainingservices.net)  Or by fax to: 219-554-2185 (Attn: Human Resources)  Or by mail to: Safety Training Services, Inc., Attn: Human Resources, 8516 Henry Street, Highland, IN 46322. | | | |