



APPLICATION FOR EMPLOYMENT

Instructions: Please print clearly and answer every question. Your statements will be considered confidential. If any statement requires additional information, add additional pages as necessary.

SMC is an Equal Opportunity Employer. It is our policy to provide equal employment opportunity to all individuals. We are committed to a diverse workforce. We value all employees' talents and support an environment that is inclusive and respectful. We are strongly committed to this policy, and believe in the concept and spirit of the law.

PERSONAL

Date _____

Name _____

Present Address _____
Number and Street City State Zip

Home Telephone Number _____ Day Time Telephone Number _____

Email address _____

Do you have any relatives that are employed by SMC Manufacturing Services? If yes, please list and describe relationship: _____

POSITION

Type of work desired: Full-time Part-time What type of position are you seeking? _____

How did you become aware of this position? _____

Salary desired \$ _____ When are you available to begin work? _____

Have you ever applied for a position with SMC Manufacturing Services before? Yes _____ No _____

If Yes, Date of former application _____ For what position did you apply? _____

Are there any factors that will prevent you from working?

1. Scheduled Hours Yes No If yes, explain _____

2. Overtime Yes No If yes, explain _____

3. Travel when required Yes No If yes, explain _____

GENERAL INFORMATION

If hired, you will be required to furnish proof of your eligibility to work in the United States. The Immigration Reform and Control Act of 1986 requires proof of identity and employment eligibility be provided upon hire.

Have you ever been convicted of, or plead guilty to:

1. A crime that could have been punishable by imprisonment for a term exceeding one year? Yes _____ No _____
2. A felony crime? Yes _____ No _____
3. Any crime (including misdemeanors) involving dishonesty, theft, or breach of trust? Yes _____ No _____
4. Any other crime (including misdemeanors) involving injury, threat of injury or any other criminal category (exclusive of traffic infractions)? Yes _____ No _____

If yes, to any of the above questions, please explain:

EDUCATION AND TRAINING

LEVEL	NAME/LOCATION OF SCHOOL (City, State)	DEGREE RECEIVED
HS (Graduated? Y or N)	_____	_____
COLLEGE (Graduated? Y or N)	_____	_____
GRAD SCHOOL (Graduated? Y or N)	_____	_____
OTHER (Graduated? Y or N)	_____	_____

(Please circle Yes or No if you graduated from the above schools / colleges / universities.)

ADDITIONAL WORK RELATED SKILLS

List foreign languages in which you are proficient _____

List any professional articles / publications you have written _____

Have you ever had an internship? Yes No

If yes, when / where? _____

List the machines or equipment that you can operate: _____

Describe any special training, certifications, or skills which relate to the job for which you are applying.

WORK EXPERIENCE

This section **must** be filled out completely. A resume may be attached as a supplement but **not in lieu of** completion. Please list most recent positions first. Include part-time and temporary positions for the past 7 years. Include separate sheet, if needed.

Present / Last Employer _____				
Address _____				
Number and Street	City	State	Zip Code	Telephone Number
Supervisor's Name _____ Start Date _____ Leave Date _____ Salary (Ending)\$ _____				
Job Title _____ Reason for leaving _____				
Nature of work duties _____				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Previous Employer _____				
Address _____				
Number and Street	City	State	Zip Code	Telephone Number
Supervisor's Name _____ Start Date _____ Leave Date _____ Salary (Ending)\$ _____				
Job Title _____ Reason for leaving _____				
Nature of work duties _____				

Previous Employer _____				
Address _____				
Number and Street	City	State	Zip Code	Telephone Number
Supervisor's Name _____ Start Date _____ Leave Date _____ Salary (Ending)\$ _____				
Job Title _____ Reason for leaving _____				
Nature of work duties _____				

Previous Employer _____				
Address _____				
Number and Street	City	State	Zip Code	Telephone Number
Supervisor's Name _____ Start Date _____ Leave Date _____ Salary (Ending)\$ _____				
Job Title _____ Reason for leaving _____				
Nature of work duties _____				

PROFESSIONAL REFERENCES – Please list 3

We prefer former supervisor, peer, direct report or teacher/counselors for those just recently into the work force. Do not include persons at your current employer if you prefer we not contact that employer. Exclude relatives.

Name of Reference	Title	Reference’s Company Name	Company’s City and Province	Contact Information

Have you worked under any other names? If so, please list: _____

NOTICE TO APPLICANT / RELEASE/ EMPLOYMENT AT WILL / SIGNATURE

I certify that the material facts set forth in this application or any supplemental thereto are true and complete to the best of my knowledge. I understand that, if employed, false or misleading statements given on this application or interview(s) may be considered sufficient cause for dismissal. I authorize SMC to investigate my personal history, employment history, educational background, and my financial and credit report through any investigative or credit agency of its choice, subject to the provisions of the FCRA. I understand that SMC may obtain or prepare a consumer report or an investigative consumer report in connection with this application for employment. I authorize any reference, school, hospital, doctor, former employee or other person to disclose to SMC upon request any information they may have about me, and I release any such persons or entities from all liability for disclosing such information to SMC.

I understand and agree that if I am hired by SMC or any affiliate of SMC that my employment relationship with SMC or any affiliate of SMC to whom I may hereafter be assigned, will be as and “employee at-will.” Both the Company and I retain the right to terminate the employment relationship at any time with or without cause, without notice, and without incurring any liability to either party. I further understand and agree that any agreement providing for a term of employment or any agreement restricting or limiting the right of the Company to terminate my employment relationship for just cause will not be effective, unless such an agreement is reduced to writing and signed by the Company’s Chief Executive Officer and me.

I understand as a condition of employment, applicants and employees will be tested for drug and/or alcohol use in accordance with the SMC Drug and Alcohol Policy. I will also be required to successfully pass a Fitness for Duty physical assessment based on the duties of the position I am being hired for.

My signature below acknowledges that I understand and agree to the above provisions.

SIGNATURE _____

DATE _____