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**APPLICATION FOR EMPLOYMENT**

**GENERAL INFORMATION**

Name: \_\_\_\_\_  
 (Last) (First) (MI)

Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Type of employment desired: Full-Time Part-Time Temporary

Shift Desired: Day Evening Night

Are you willing to work overtime if required: Yes No

Days/Hours available: Sun. \_\_\_\_\_ Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_

**PRIOR WORK EXPERIENCE: (Present / Most Recent First)**

- (1) **Employer:** \_\_\_\_\_ Work Performed: \_\_\_\_\_  
 Address: City \_\_\_\_\_ State \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_ Hours / Days Worked Per Week: \_\_\_\_\_  
 Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Hourly Rate / Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_
- (2) **Employer:** \_\_\_\_\_ Work Performed: \_\_\_\_\_  
 Address: City \_\_\_\_\_ State \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_ Hours / Days Worked Per Week: \_\_\_\_\_  
 Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Hourly Rate / Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_
- (3) **Employer:** \_\_\_\_\_ Work Performed: \_\_\_\_\_  
 Address: City \_\_\_\_\_ State \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_ Hours / Days Worked Per Week: \_\_\_\_\_  
 Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Hourly Rate / Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

**EDUCATION**

**High School Name:** \_\_\_\_\_

Years Completed: 9 10 11 12  
(Circle)

Degree: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

**College / University:** \_\_\_\_\_

Years Completed: 1 2 3 4  
(Circle)

Degree: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

**ADDITIONAL INFORMATION**

**Summarize special job-related skills, qualifications or other experience:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES: (Three individuals who are not related to you and are not previous employers)**

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

**APPLICANT'S STATEMENT: (Important - Please read before signing)**

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application for employment shall be considered active for a period of time not to exceed 45 days. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of SpaceAge Synthetics. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of SpaceAge Synthetics, Inc.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

SpaceAge Synthetics, Inc. considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.