

SHH Management, LLC

Application for Employment

Equal Opportunity Employer

Personal Information

Application Date : ___/___/___

Name			Social Security Number		
Last	First	Middle	-	-	-
Present Address					
Number	Street	City	State	Zip	
Permanent Address					
Number	Street	City	State	Zip	
Phone No.:		Referred By	Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Are you either a U.S. Citizen or an alien authorized to work in the United States? Yes No

Special Questions

Driver License Number: _____	State of Issue: _____	Date of Birth*: ___/___/___
Driver License Class: A B C	Endorsements: _____	DOT Medical Card: Y / N
*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.		
Have you ever had your driving privileges revoked or suspended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your current drivers licenses revoked or suspended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any felony convictions, in the past 10 years, which involve the use of an automobile?***	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details: _____		
List all Traffic Violations for the last 3 years:		
_____	_____	_____
Date	Offense	Date
_____	_____	_____
Date	Offense	Date
_____	_____	_____

Have you ever been convicted of any felony in the last 5 Years?*** Yes No

If Yes, Please Describe: _____

*****You will not be denied employment solely because of a felony record, unless the offense is related to the job for which you have applied.**

"I understand and agree that I will be required to take one or more of the following: Physical Examination, Drug and Alcohol Test as a condition of employment. I agree to consent to take such tests at such time as designated by the company and to release the Company, its director, officers, agents, or employees from any claim arising in connection with the use of such tests. I further understand that such tests will be required from time to time during my employment."

Date _____ Signature _____

Do you speak, read, and understand English? Yes No

Employment Desires

Position: _____	Date you can start: ___/___/___	Salary Desired: \$ _____/hr
<small>i.e. (Driver / Helper)</small>		
Are You employed?	Yes No	If so may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Employer (Optional) _____	Contact Name/Phone: _____	
Ever Applied To This Company Before?	Yes No	When? _____

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Interviewed By: _____ Date: __/__/____

Remarks : _____

Neatness : Excellent Good Fair Poor

Personality : _____

Hired Yes No Position _____

Salary/Wage _____ Date Reporting to Work _____

Approved: _____
Operations Manager

General Manager

Company Safety Manual Issued Yes no Date : _____

Hard Hat	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Goggles	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Safety Glasses w/ side shields	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Gloves	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
FRC's	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Hearing Protection /ear plugs	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Safety Vest	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Issued by company :	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Issued by company :	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Issued by company :	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Issued by company :	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Issued by company :	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Issued by company :	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Issued by company :	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

By: _____

By: _____

Substance Abuse Policy Date : _____

Completed Safety Training Date : _____

New Employee Orientation Date : _____

New Employee Job Training Date : _____

By: _____

By: _____

By: _____

By: _____