SHH Management, LLC

Application for Employment

Equal Opportunity Employer

Personal Informa	ation			Application Date ://					
Name				cial Security Num	nber				
Last Present Address	Fir	rst Mid	idle						
Plesent Address	Number	Street	City	State	Zip				
Permanent Address				~					
Phone No.:	Number	Street Referred By	City	State Are yo	Zip ou 18 years or older?	Yes No			
Are you either a U.S. Cit	tizen or an ali	•			Yes No				
Special Question		311 autilion200 to	JIK III tilo Olintoa States.						
Driver License Numbe	er:		State of Iss	sue:	Date of Birth	*://			
Driver License Class:	A B	C Endor	sements:		DOT Medical C	Card: Y / N			
*The Age Discriminatio are at least 40 years of		ment Act of 1967	prohibits discriminatio	n on the basis	of age with respect	to individuals who			
Have you ever had yo	-	rivileges revoked	d or suspended?	Yes	No				
Is your current drivers	s licenses re	voked or suspen	nded? Yes	s No					
		•	s, which involve the use of		-0*** Vos	M _{No}			
			s, which involve the use o		e?*** Yes	No			
		,							
List all Traffic Violations	for the last 3	years:							
 Date	0	ffense	Date		Offense				
 Date	0	Offense			Offense				
Date		Hones			5				
Have you ever been o		-		Yes	No				
If Yes, Please Describ	эе:								
***You will not be denied have applied.	ed employme	ent solely because	e of a felony record, un	less the offens	e is related to the jo	b for which you			
condition of employment Company, its director, of	t. I agree to co	consent to take such s, or employees from quired from time to t	ne or more of the following h tests at such time as do om any claim arising in co time during my employm	lesignated by the onnection with the	e company and to rele	ease the			
Do you speak, read, a	and underst	and English?	Yes	No					
Employment Des			<u> </u>	•					
Position:		Date you can s	start://	. 8	Salary Desired: \$	/hr			
I.e. (Driver / Helper)									
Are You employed?	Ye ntional)				oresent employer?	Yes			
Ever Applied To This	•		Contact		JI				
EVer applied to this:	Company P	ATORE! Yes	i No	When?					

Education								2	
	Name and Location	on of School		Years Attend	Did you	Subject	ete Studiod		
		511 01 3011001		Attenu	Graduate?	Subje	cis Studied		
High School									
College									
Other Education/									
Schools									
General									
Subject Of Special St	udy/Research Work O	r Special Training/S	kills						
U.S. Military Or Naval	Rank	k Discharge Date:							
U.S. Military Or Naval Service Yes No Present Member in National Guard or Reserves Yes			No	Rank Active					
Former Employe									
(List Below Last Four En	nployers, Start With the L	-atest One First)							
	ame and Address of	Employer	Sal	ary	Position	R	eason for Lea	avina	
From				J				<u> </u>	
То									
From									
То									
From To									
From									
To									
References			•			<u> </u>			
Give below the names	s of three persons not	related to you, Who	m you h	ave kno	wn at least	one ye	ear.		
Name		Address		Business			Years Acquainted		
1									
2									
3									
Do you have any physica	al limitations that preclude describe what can be				-	ered?	Yes	No	
In case of emergency									
Authorization	Name	Addres	S		Pho	one No	o. Relation	1	
"I certify that the facts co falsified statements on the references and employee information they may hat of such information. I also it is in writing and signed	ontained in this application is application shall be graphication shall be graphicated above to give yowe, personal or otherwise of understand and agreed by an authorized compa	rounds for dismissal. I are any and all information, and release the compethat no representative	authorize on conce pany from	investig rning my n all liabi	ation of all sta previous emplity for any da	atement ployme mage th	ts contained here nt and any pertin hat may result fro	ein and the ent om utilization	
Date	Signature								

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY Interviewed By:_____ Date:___/__/ Remarks: Poor Neatness: Excellent Good Fair Personality: Hired No Position Salary/Wage Date Reporting to Work Approved: Operations Manager General Manager Company Safety Manual Issued Date: Hard Hat Issued by company: Yes Goggles No Issued by company: Yes Yes Safety Glasses w/ side shields Yes No Issued by company: Yes Gloves Issued by company: Yes No Yes FRC's Issued by company: Yes No Yes Hearing Protection /ear plugs Issued by company: No Yes Yes Safety Vest Yes Issued by company: Yes By: By: Substance Abuse Policy Date: By: Completed Safety Training Date: By:

Date:

Date:

Ву:

By:

New Employee Orientation

New Employee Job Training