



A 100% EMPLOYEE-OWNED COMPANY

1655 Wall St., Bldg B
Salina, KS 67401
785-827-5611

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date _____

Name

Last

First

Middle

Last

Present Address

Street

City

State

Zip

Permanent Address

Street

City

State

Zip

Phone Number

Email Address

Referred By

Are you 18 years of age or older? Yes No

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

EMPLOYMENT DESIRED

Position

Date You Can Start

Wage Desired

First

Are You Employed Now? Yes No

If So May We Inquire of Your Present Employer? Yes No

Ever Worked for this Company Before? Yes No

When?

Do you have a valid driver's license? Yes No

Do you have friends and/or relatives working for this company? Yes No

EDUCATION

Name and Location of School

Circle Last Year Completed

Did You Graduate?

Subjects Studied and Degree(s) Received

	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate/Professional School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL

Job Related Skills

Additional Languages or Other Qualifications

Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation? Yes No

WE COMPLY WITH THE AMERICANS WITH DISABILITIES ACT AND CONSIDER REASONABLE ACCOMODATION MEASURES THAT MAY BE NECESSARY FOR QUALIFIED APPLICANTS/EMPLOYEES TO PERFORM ESSENTIAL JOB FUNCTIONS.

(Continued on Other Side)



FORMER EMPLOYERS List below your last four employers, starting with the last one first.

Date Month and Year	Name and Address of Employer	Wage (upon leaving)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES List below three persons not related to you, whom you have known at least one year.

Name	Address	Position	Years Acquainted
1			
2			
3			

If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by Superior Contracting & Manufacturing Services Co..

I understand that any employment is conditioned on a background check. I authorize Superior Contracting & Manufacturing Services Co. to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to Superior Contracting & Manufacturing Services Co. without giving me prior notice of such disclosure. In addition, I release Superior Contracting & Manufacturing Services Co., any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if i am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or Superior Contracting & Manufacturing Services Co.. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Superior Contracting & Manufacturing Services Co. unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by Superior Contracting & Manufacturing Services Co. and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to Superior Contracting & Manufacturing Services Co. the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filing out this form does not indicate there is a position open and does not obligate Superior Contracting & Manufacturing Services Co. to hire. If hired I agree to abide by all Superior Contracting & Manufacturing Services Co. work rules policies and procedures. Superior Contracting & Manufacturing Services Co. retains the right to revise its policies or procedures in whole or in part, at any time.

I understand that the safety of employees is extremely important to Superior Contracting & Manufacturing Services Co. and that Superior Contracting & Manufacturing Services Co. is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

MY SIGNATURE ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.

Date

Signature