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## APPLICATION OF EMPLOYMENT

### Applicant MUST have their own transportation

It is the policy of this company to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.

Position applying for: \_\_\_\_\_

### PERSONAL INFORMATION

\_\_\_\_\_  
First Name                      Middle                      Initial                      Last Name

Current Address:

\_\_\_\_\_  
Street                      Apt#                      City                      State                      Zip

Permanent Address (if different from above):

\_\_\_\_\_  
Street                      Apt#                      City                      State                      Zip

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security # \_\_\_\_\_ Valid Driver's License # \_\_\_\_\_ State \_\_\_\_\_

I am a U. S. Citizen or otherwise authorized to work in the United States on an unrestricted basis:

Yes \_\_\_\_\_ No \_\_\_\_\_

If Applicable, please list your visa type, visa # and expiration: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person(s) to contact in case of an emergency:

\_\_\_\_\_  
Name    Phone    Relationship

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

**POSITION INFORMATION:**

*Position Specifications*

How did you hear about this job? \_\_\_\_\_

What hours are you willing to work? \_\_\_\_\_

Have you ever applied/worked at Schilling Paradise before?      Yes      No  
If yes, when? \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Would you be able to work weekends?      Yes      No

When would you would be able to start? \_\_\_\_\_

Desired salary: \_\_\_\_\_ per \_\_\_\_\_

*Skills*

Please describe any skills you have in the following areas:

Languages Spoken (other than English):

\_\_\_\_\_

Other:

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

*Technical or Vocational School*

\_\_\_\_\_ Name and Address

Did you graduate?    Yes \_\_\_\_\_    No \_\_\_\_\_    Attended from \_\_\_\_\_ to \_\_\_\_\_

Degree or Certification: \_\_\_\_\_ Specialty: \_\_\_\_\_

Special honors or awards: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

**EMPLOYMENT HISTORY**

*Present or Most Recent Employer*

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Your position: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name Phone

Reasons for Leaving: \_\_\_\_\_

*Prior Employer*

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Your position: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name Phone

Reasons for Leaving: \_\_\_\_\_

*Prior Employer*

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Your position: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name Phone

Reasons for Leaving: \_\_\_\_\_

Last Name: _____	First Name: _____	Middle Initial: _____
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***By Signing Below:***

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment with Schilling Paradise Corp and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant have personally completed this application. I understand that any omission or misstatement of material facts on this application or any document used to secure my employment shall be grounds for rejection of this application. If I have already begun employment, this misstatement of facts can result in my immediate discharge, regardless of the time elapsed before discovery.

I hereby authorize Schilling Paradise Corp to thoroughly investigate my references, work record, education, and any other matters related to my suitability for employment. By signing below, I also authorize my former employers to disclose to Schilling Paradise Corp, any and all letters, reports, and/or other information related to my work record, without giving me prior notice to the disclosure. In addition, I hereby release Schilling Paradise Corp, my former employers, and all other persons, corporations, partnerships, and/or associates from any and all claims, demands, or liabilities arising out of or in any way related to such investigation.

I understand that nothing contained in the application or conveyed during any interview which may be granted, is intended to create an employment contract between Schilling Paradise Corp and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Schilling Paradise Corp. At that time, no promises or representations contrary to the foregoing are binding to Schilling Paradise Corp unless made in writing, and signed by myself and the Chief Executive Officer of Schilling Paradise Corp.

Signature: _____ <small>Type Name</small>	Date: _____
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