



Employment Application Form

Date _____				
Name _____				
Last	First	Middle	Maiden	
Present address _____				
Number	Street	City	State	Zip
Home Phone (____) _____		Cell Phone: (____) _____		
Email address: _____				
Are you under age 18 ____ YES ____ NO If "YES", can you provide proof of your eligibility to work? ____ YES ____ NO				
Are you currently authorized to work in the United States? ____ YES ____ NO Proof of eligibility will be required if hired.				
Type of work desired: _____ Salary Requirements: _____				
Have you been previously employed by System 3? ____ YES ____ NO				
If "YES" in what year did you leave? _____				
Do you have any objection to working overtime? ____ YES ____ NO				
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME				
When are you available to start work? _____				
How were you referred to us? _____				
How do you know the person who referred you? _____				

DO YOU HAVE A: DRIVER'S LICENSE? <input type="checkbox"/> OR STATE ISSUED IDENTIFICATION CARD <input type="checkbox"/> (Select one)	
License/ID number _____	State of issue _____ Class of License: _____ Expiration: _____
<input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur	
Do you have a valid (unexpired) DOT Medical Card? ____ YES ____ NO	

<div style="background-color: #cccccc; padding: 5px; display: inline-block;">MILITARY</div>	
HAVE YOU EVER BEEN IN THE ARMED FORCES?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specialty _____	Date Entered _____ Discharge Date _____



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Work Experience Please list your work experience for the **past seven years** beginning with your most recent job held.
 If you were self-employed, give firm name. **Attach additional sheets if necessary.**

May we contact your present employer? ☐ Yes ☐ No

Name of employer: <hr/> City, State, Zip Code: <hr/> Phone number: () <hr/>	Name of last Supervisor	Employment Dates	Pay or salary
		From To	Start Final
Your Job title			
Reason for leaving (be specific)			
List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer: <hr/> City, State, Zip Code: <hr/> Phone number: () <hr/>	Name of last supervisor	Employment dates	Pay or salary
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Your Job title			
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Your Job title			
Reason for leaving (be specific)			
List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Did you complete this application yourself? ☐ Yes ☐ No If not, who did? _____



PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

As indication that you have read and understood each sentence, please write your initials in the spaces provided below.

In exchange for the consideration of my job application with System 3 Inc. (hereinafter called "the Company"), I agree that:

All employment with the Company is "at will". This means that either the Company or I can terminate the employment relationship at any time, with or without cause or advance notice. I understand that the Company may unilaterally change or terminate its benefits, policies and procedures at any time, with or without advance notice. _____

I certify that my statements contained in this application are true and complete to the best of my knowledge. I understand that any omissions or misrepresentations made by me in this application or during the application process will be cause for rejection of this application or cause for termination if I am hired by the Company. I authorize the Company to contact schools, all previous employers (unless otherwise indicated), references and others regarding my application for employment and hereby release the Company and such third parties from any liability as a result of information they may provide to the Company. _____

I understand that I will be required to pass a background check and, if I receive an offer of employment, that offer may be contingent upon my passing a preemployment medical exam, which may include a drug and alcohol screening test. _____

Signature of applicant _____ **Date:** _____

System 3 Inc. is an equal employment opportunity employer. It makes employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability, or any other protected class. Your opportunity for employment with System 3 Inc. depends solely on your qualifications.