## The SEPP Group, Inc. Application for Employment

The SEPP Group, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of any characteristics protected by law, including race, color religion, age, sex, national origin, or disability.

PERSONAL: Name			Date			
Last	First	M	Middle			
AddressNumb	per and Street	City	State	Zip		
Position Sought		]	Full Time Pa	rt Time		
Date Available	Salar	ry Desired	Phone No.:			
Are you over 18 year	rs old?yes	no				
Are you legally eligi (If offered employme eligibility)			•			
<b>EDUCATION:</b> Pleather position you are s		ion or training t	hat you believe qua	ifies you for		
<b>High School:</b> Numb Diploma: yes _			1 2 3 4			
Name						
City/State						
College and/or Voc	ational School: Nu	umber of years	completed (circle or	ne) 1 2 3 4		
Name		Cit	City/State			
Major	Degrees Earned					
Other Training or I	Degree:					
Name		City/State				
Major		_ Degree/Certit	ficate Earned			
PROFESSIONAL I	LICENSE OR ME	MBERSHIP:				
Type of License(s) H	Ield					
Other Professional M	Iemberships					

**EMPLOYMENT:** List last employer first, including US Military Service. May we contact your current employer? \_\_\_\_ yes \_\_\_\_ no If an employment was under a different name, indicate name 1) Employer\_\_\_\_\_ Address\_\_\_\_\_ Telephone\_\_\_\_\_ Position \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_ Department\_\_\_\_\_ Duties \_\_\_\_\_ FT \_\_ PT Number of Hours \_\_\_\_\_ Reason for Leaving 2) Employer\_\_\_\_\_ Address\_\_\_\_\_ Telephone Position Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_ Department\_\_\_\_\_ Duties \_\_\_\_\_ FT \_\_ PT Number of Hours \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ 3) Employer\_\_\_\_\_ Address\_\_\_\_\_ Telephone\_\_\_\_\_ Position \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_ Department\_\_\_\_\_ Duties \_\_\_\_\_ FT \_\_ PT Number of Hours \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

## **REFERENCES:**

Name:	
Address:	_
Phone:	-
Name:	
Address:	_
Phone:	
Name:	
Address:	_
Phone:	_

## APPLICANT'S CERTIFICATION AND AGREEMENT

"I hearby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and I authorize The SEPP Group, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release The SEPP Group, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if I am employed by The SEPP Group, Inc., falsified statements of any kind or omissions of facts called for on this application, shall be considered sufficient basis for dismissal. I authorize The SEPP Group, Inc. to make a thorough investigation of all statements contained on this application about my past employment, education, and other activities. I release liability from all persons and organizations supplying such information.

I understand that should an employment offer by extended to me and accepted, I will fully adhere to the policies, rules and regulations of employment of the employer. I also understand that The SEPP Group, Inc. is an "at will" employer. I understand that either I or The SEPP Group, Inc. may terminate any employment agreement for any reason or for no reason, at any time with or without notice.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_