EMPLOYMENT APPLICATION

An Equal Opportunity Employer

SMI & Hydraulics, Inc. is an Equal Opportunity Employer. SMI & Hydraulics, Inc. does not discriminate on the basis of race, religion, color, sex, age, national origin, or disability, or on any basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Please print and fill out all sections

Applicant Information					
Applicant Name	Home Phone				
Email Address	Other Phone:				
Current Address: Number and Street					
City	State & Zip				
How were you referred to SMI & Hydraulics, Inc.? _					
Employment Positions					
Position(s) applying for:					
Are you applying for:					
 Temporary work – such as summer or holic 	day work? Yes No				
Regular part-time work? Yes No					
Regular full-time work? Yes No					
What days and hours are you available for work?					
If applying for temporary work, when will you be available?					
If hired, on what date can you start working?	. / /				
Can you work on the weekends? Yes No					
Can you work evenings? Yes No					
Are you available to work overtime? Yes N	0				
Salary desired: \$					

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Personal Information

If hired, would you have transportation to/f	from work?	Yes	No			
Are you over the age of 18? (If under 18, h No	ire is subject t	o verificat	ion of mir	nimum le	egal age.)	Yes
If hired, would you be able to present evide work in the United States? Yes No	•	S. citizens	ship or pro	oof of yo	ur legal rig	ht to
If hired, are you willing to submit to and pa	ss a controlled	substanc	e test?	Yes	No	
Are you able to perform the essential functi without reasonable accommodation?	ions of the job	for which	you are a	pplying,	either with	n /
If no, describe the functions that cannot be	performed: _					
(Note: SMI & Hydraulics, Inc. complies with measures that may be necessary for eligible possible that a hire may be tested on skill/a conducted by a medical professional.)	e applicants/er	nployees	to perforn	n essent	ial function	s. It is
Have you ever been convicted of a criminal	offense (felong	y or misde	emeanor)´	? Ye	es No	
If yes, please describe the crime - state nat disposition of the case.	ture of the crin	ne(s), whe	en and wh	ere conv	victed and	
(Note: No applicant will be denied employn The date of the offense, the nature of the of description of the event, and the surrounding position(s) applied for may, however, be con	offense, includii ng circumstand	ng any sig	ınificant d	etails tha	at affect the	е
Education, Training and Experience						
High School School Name:						
Address:	_ City, State,	Zip:				
Number of years completed:	Did	you gradu	ıate?	Yes	No	
Degree / diploma earned:						
College / University School Name:						
Address:	_ City, State,	Zip:				
Number of years completed:	Did	you gradu	ıate?	Yes	No	

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Degree / diploma earned:

School Name:	
Address:	City, State, Zip:
Number of years completed: _	Did you graduate? Yes No
Degree / diploma earned:	
	Rank in Military:
Total Years of Service:	Skills/duties:
Related details:	
Additional Information	
	nce, training, qualifications, or skills which you feel should be brought they make you especially suited for working with us?
If yes, please explain:	
Employment History	
Are you currently employed?	Yes No
If you are currently employed,	may we contact your current employer? Yes No
	d present employment positions, dating back five (5) years. Please ployment. Even if you have attached a resume, this section mus
•	Business Type:
Name of Supervisor:	Telephone Number:
Address:	City, State, Zip:
Length of Employment (Include	e Dates):
Position & Duties:	
Reason for Leaving:	
May we contact this employer f	for references? Yes No
Name of Employer:	Business Type:
Name of Supervisor:	Telephone Number:
Address:	City, State, Zip:
Length of Employment (Include	e Dates):

to

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Position & Duties:		
Reason for Leaving:		
May we contact this employer for references?	Yes	No
Name of Employer:		Business Type:
Name of Supervisor:	Tele	phone Number:
Address:	City, State	e, Zip:
Length of Employment (Include Dates):		
Position & Duties:		
Reason for Leaving:		
May we contact this employer for references?	Yes	No
(Attach sheet if more space is needed)		
References List below three (3) persons who have knowle years. Please include professional references of	-	ur work performance within the last five (5)
Name - First, Last:		
Telephone Number:		
Address:		
City, State, Zip:		
Occupation:		
Number of Years Acquainted:		
Namo First Last		
Name - First, Last:		
Telephone Number:		
Address:		
City, State, Zip:		
Occupation:		
Number of Years Acquainted:		
Name - First, Last:		

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Telephone Number:
Address:
City, State, Zip:
Occupation:
Number of Years Acquainted:
Please Read and Initial Each Paragraph, then Sign Below
I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure employment can be grounds for rejection of application or, if I am employed by SMI & Hydraulics, Inc., terms for my immediate expulsion from SMI & Hydraulics, Inc.
I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or SMI & Hydraulics, Inc.
I permit SMI & Hydraulics, Inc. to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release SMI & Hydraulics, Inc., my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.
Applicant's Signature:
Date:

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