



OFFICE USE ONLY

EMPLOYEE APPLICATION

Date received: _____

Reviewed by: _____

This application is considered active for ninety (90) days.

PERSONAL DATE

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Name (Last, First, Middle)			Contact Phone Number
Street Address			Social Security Number
City	State	Zip	E-mail Address
Position (s) interested in?			
Salary Requirements _____ Hour <input type="checkbox"/> Year <input type="checkbox"/>		Are you under the age of 18? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state your age. _____	
If hired, can you supply proof that you are legally entitled to work in the United States for any employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have friends or relatives working for us? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, who? _____			
Con you work: Anytime <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> When are you available to start? _____			
Have you ever been convicted of a felony, a violent crime, or retail related crime (i.e., shoplifting, credit card fraud, robbery, theft, burglary)? Yes <input type="checkbox"/> No <input type="checkbox"/> Note: A "yes" response will not automatically disqualify you from employment, but will be considered as part of your overall job-related qualifications for employment. You do not need to disclose any information regarding arrests or any criminal charges and/or convictions that have been erased, annulled, sealed and/or expunged from your record. If yes, please describe: _____ _____			

EDUCATION

Type of School	Name of School	Location of School	Area of Study	Last Year Completed	Did You Earn a Degree or Diploma?
High School				1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>
College				1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>
Graduate				1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other				1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>

DRUG-FREE WORKPLACE

All employees are subject to drug and alcohol testing procedures permitted under federal and state law.

EMPLOYMENT HISTORY

BEGINNING WITH YOUR MOST RECENT EMPLOYER, LIST ALL EMPLOYMENT INCLUDING MILITARY SERVICE AND SELF-EMPLOYMENT. Please account for all periods of unemployment. All sections of this application must be complete even if a resume is attached.

If presently employed, may we contact your employer for references? Yes No

May we contact you at your place of employment? Yes No

Name of present or last employer	Job Title/Responsibilities	From (Mo. & Yr.)	To (Mo. & Yr.)
Address	Was your position: Full time <input type="checkbox"/> Part time <input type="checkbox"/>	Supervisor Name	
City, State, ZIP	Reason for leaving? Terminated <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/>	Starting Salary \$	
Phone Number	Explain:	Last Salary \$	
Name of previous employer	Job Title/Responsibilities	From (Mo. & Yr.)	To (Mo. & Yr.)
Address	Was your position: Full time <input type="checkbox"/> Part time <input type="checkbox"/>	Supervisor Name	
City, State, ZIP	Reason for leaving? Terminated <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/>	Starting Salary \$	
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Phone Number	Explain:	Last Salary \$	

TRANSPORTATION

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work?

Driver's license number: _____ State of issue: _____ Expiration Date: _____

Operator Commercial (CDL) Chauffeur

Have you had any accidents during the past three years? Yes No If so, how many: _____

Have you had any moving violations during the past three years? Yes No If so, how many: _____

ONLY COMPLETE IF APPLYING FOR OFFICE POSITION

Do you know how to type? Yes No If so, how many WPM? _____

Do you know 10-key? Yes No

Do you own a personal computer? Yes No If so, please specify: PC Mac Other

Please list programs you are familiar with (i.e. Word, Adobe, Publisher, Excel, Illustrator): _____

References

	Name	Telephone Contact/E-mail Contact	Address/City/State	Occupation
1				
2				
3				

I understand that Sigma Supply of North America (SSNA) may contact the past employers and/or personal references I have provided in order to verify my past employment and work record. I authorize all past employers, educational institutions, government agencies and/or personal references to release any and all information concerning my past employment work history, performance, and personal character. I hereby release all such employers, personal references, and SSNA from any and all liability resulting from damages I may incur in the reference verification process. I understand that my employment or continued employment is contingent upon my successfully completing both reference and background checks.

I also understand that if employed by SSNA, my employment is "at will" and can be terminated at any time for any reason either by myself or the Company. This agreement cannot be modified by any representative of the Company either in writing or verbally.

Finally, I understand it is unlawful for SSNA to employ anyone who is neither a citizen of the U.S. nor an alien authorized to work in the U.S. I certify that any U.S. citizenship/work authorization information I provide to the Company is authentic. Further, I certify that all information I have provided on this application is accurate.

False information or omission of facts on this application may result in the termination of my employment with SSNA.

Applicant's Signature _____

Date _____

Thank you for your interest and the time you have taken to submit this application

www.SigmaSupply.com

Ph# 800 264 1661 / Fax# 501 760 1521



Corporate Office: 824 Mid America Boulevard, Hot Springs, AR 71913

- Fort Smith, AR • Lake Cormorant, MS • Shreveport, LA • Las Vegas, NV
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