



**EMPLOYMENT INFORMATION**

- 6. Earliest date that you are available for this position: \_\_\_\_\_
- 7. Are you Currently Employed?:      \_\_\_\_\_ Yes      \_\_\_\_\_ No
- 8. How did you hear about SSD and/or this position? (If referred, please indicate name of referral source):  
\_\_\_\_\_
- 9. Have you ever before applied for a position with SSD?      \_\_\_\_\_ Yes      \_\_\_\_\_ No  
If so, when?: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please list up to four previous employers, where applicable, beginning with the most recent and providing a complete record of all such employment. Please explain any gaps in your employment history. Use an additional sheet if more space is needed.

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM ____/____/____ TO ____/____/____ Present ____ Phone: 1. _____ Fax: 1. _____	Name: _____ Address: (Street Number and Name) _____ City: _____ State: _____ Zip Code: _____		
FROM ____/____/____ TO ____/____/____ Present ____ Phone: 1. _____ Fax: 1. _____	Name: _____ Address: (Street Number and Name) _____ City: _____ State: _____ Zip Code: _____		
FROM ____/____/____ TO ____/____/____ Present ____ Phone: 1. _____ Fax: 1. _____	Name: _____ Address: (Street Number and Name) _____ City: _____ State: _____ Zip Code: _____		
FROM ____/____/____ TO ____/____/____ Present ____ Phone: 1. _____ Fax: 1. _____	Name: _____ Address: (Street Number and Name) _____ City: _____ State: _____ Zip Code: _____		

## EDUCATION

TYPE OF SCHOOL	NAME and CITY, STATE, or COUNTRY OF INSTITUTION	DEGREE (where applicable)	MAJOR
HIGH SCHOOL			N/A
COLLEGE 1			
COLLEGE 2			
COLLEGE 3			
TRADE OR CORRESPONDENCE SCHOOL			

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## PROFESSIONAL CERTIFICATIONS

NAME / DESCRIPTION	CERTIFYING AUTHORITY
1.	
2.	
3.	
4.	
5.	

Have you ever been denied a professional license or technical certification in any jurisdiction or had a professional license or technical certification suspended or revoked in any jurisdiction? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please state and explain the circumstances.

(Note: You may be asked to provide SSD with a copy of each professional certificate identified above.)

**PROFESSIONAL REFERENCES**

NAME	TITLE	COMPANY/EMPLOYER & ADDRESS	CONTACT INFORMATION
1.		Company Name:	Telephone: 1.
		Address: (Street Number and Name)	Fax: 1.
		City:                      State:      Zip Code:	E-mail:                      @
2.		Company Name:	Telephone: 1.
		Address: (Street Number and Name)	Fax: 1.
		City:                      State:      Zip Code:	E-mail:                      @
3.		Company Name:	Telephone: 1.
		Address: (Street Number and Name)	Fax: 1.
		City:                      State:      Zip Code:	E-mail:                      @
4.		Company Name:	Telephone: 1.
		Address: (Street Number and Name)	Fax: 1.
		City:                      State:      Zip Code:	E-mail:                      @

(Note: You understand and agree that by providing names of references, you are authorizing SSD to communicate with your references and you are releasing your references to provide pertinent job-related information to SSD.)

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**OTHER**

Have you ever been convicted of a crime, pled guilty to a crime or pled no contest to a crime?  Yes  No  
 If so, please explain each such circumstance.

Have you ever been arrested for a crime which is pending and has not been finally adjudicated:  Yes  No  
 If yes, please explain the circumstances and current status of that matter.

(Note: An affirmative answer to the above questions will not prohibit employment consideration. A criminal conviction is not an absolute bar to employment. SSD will consider other factors such as years since the time of the offense, seriousness and nature of the offense and rehabilitation.)

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**CERTIFYING SIGNATURE (Read carefully before signing)**

I certify that all information and responses that I have provided in this application are true. I authorize SSD to investigate all of my responses herein for accuracy and completeness and I grant SSD my permission to investigate all prior employment and all professional, military and educational records. I understand that any false or misleading statements, or omissions, made by me on this application will render this application void and be sufficient grounds for the rescission of any offer of employment and/or for the termination of my employment, if any, regardless of when such omissions or false statements are discovered by SSD after my employment, if any. I fully understand that this application is not a contract of employment with SSD.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE