SANNI, SEIF AND SONS, INC.

EMPLOYMENT APPLICATION

It is our policy to provide equal employment opportunities to all qualified persons without regard to race, age, color, sex, religion, national origin, marital status, height, weight, veteran status, disability, or any other category protected by law.

	/	_/ Daytime Phone: ()			Evening Phone: ()		
Full Name:					_ Are you 18 years or o	lder?	
(Please Print Clearly)	(First)	(Middle)	(Maiden Name, if any)	(Last)			
Present Address:							
	(Number)		(Street)	(City)	(State)	(Zip Code)	
Previous Address							
	(Number)		(Street)	(City)	(State)	(Zip Code)	
Email address (if	applicable	e):					
Docition Docirod					Waga Dagirad		
Position Desired:	(Please Be S				Wage Desired:		
Do you have curr	ent and u	nrestricted a	uthorization to work i	n the l Inited	States?		
Do you have out	ont and a	incomoted a	differentiation to work i	ii tiio oiiitoa	Clatoo:		
When can you be	gin work?		How many	hours per w	eek can you work?		
Liet any dates /tin	noe vou a	re not availa	ble to work:				
List arry dates /till	ies you a	ie iiot avalia	ible to work.				
		,					
Dates of special of	ccasions	(weddings,	vacations, etc.) will b	e unable to	work?		
						······	
•						_No: If yes, please	
•			es who work or have			If yes, please	
•						_No: If yes, please	
•						No: If yes, please	
list name(s) and r	elationshi	p(s):				_No: If yes, please	
list name(s) and r	elationshi	p(s):		elony? Yes:	: No: If		
list name(s) and r	elationshi	p(s):	me or arrested for a f	elony? Yes:	: No: If		
list name(s) and r	elationshi	p(s):	me or arrested for a f	elony? Yes:	: No: If		
list name(s) and r	elationshi	cted of a crir	me or arrested for a f	elony? Yes	: No: If	yes, please provide date	
list name(s) and r Have you ever be nature of incident Can you perform	elationshipen convices and disp	cted of a crir	me or arrested for a f	elony? Yes	: No: If	yes, please provide date	
Have you ever be nature of incident Can you perform Yes: No:	elationshi	cted of a crire osition.	me or arrested for a f	elony? Yes you have ap	: No: If	yes, please provide date	
Have you ever be nature of incident Can you perform Yes: No:	een convidence of the esser	cted of a crimosition. no, please that have a compared to the	me or arrested for a f	elony? Yes you have ap ob you are s	: No: If oplied with or without real seeking? Yes: N	yes, please provide date	

-1-

EDUCATION:

	Name of School	City, State	Course Study	Graduate?
Grammar				
High School				
College				
Other				

PREVIOUS EMPLOYMENT:

- Please identify all employers (include complete mailing address: street number, name, city, state, zip code, etc.) for the past 10 years or since leaving school, whichever period is longer. Attach additional sheet(s) if necessary.
- Please indicate either: (F) Full-time (P) Part-time (V) Volunteer.
- Please account for all periods of unemployment for two weeks or longer.

				Phone: (_)	-
	(Name)			•	,	(Area Code)
Address: (Number)	(Street Name)	(City)	(State)		(Zin Code)	
• •	, ,	From:	. ,		,	
Reason(s) for leaving	g:					
Any gaps in employr	ment and/or unemployme	ent must be explained. I	nclude date	es (month/y	rear) an	d reason(s).
				Phone)
(Name)	,				(Area Code	e)
Address: (Number)	(Street Name)	(City)	(State)		(Zip Code)	
		From:	<u> </u>	To:	1	Salary:
Reason(s) for leaving	g:					
Any gaps in employr	ment and/or unemployme	ent must be explained. I	nclude date	es (month/y	rear) an	d reason(s).
	· ·	·				
	· ·	ent must be explained. I				d reason(s).
THIRD to the Last Empl	loyer: (Name)	·		_ Phone	: ((Area Code)
THIRD to the Last Empl	loyer:	·		_ Phone	: ((Area Code)
THIRD to the Last Empl Address:	OVET: (Name) (Street Name)	·	(State)	_ Phone	: ()
THIRD to the Last Empl Address: (Number) Position Held:	loyer: (Name) (Street Name)	(City)	(State)	_ Phone	: (
THIRD to the Last Empl Address: (Number) Position Held: Reason(s) for leaving	loyer: (Name) (Street Name)	(City) From:	(State)	Phone	: ((Area Code) Salary:
THIRD to the Last Empl Address: (Number) Position Held: Reason(s) for leaving	loyer: (Name) (Street Name)	(City) From:	(State)	Phone	: ((Area Code) Salary:
THIRD to the Last Empl Address: (Number) Position Held: Reason(s) for leaving	loyer: (Name) (Street Name)	(City) From:	(State)	Phone	: ((Area Code) Salary:

[FOR PREVIOUS EMPLOYERS WITHIN THE PAST TEN YEARS, ATTACH ADDITIONAL SHEETS IF NECESSARY]

ovide name of employer:				
eason for termination:				
EFERENCES:				
Name	Address	Phone	Years Acquainted	Occupation
1)				
2)	_			
3)				
mmunications with any content of the medical medical medical and can be terminated on the medical medi	this application or any Sanni, Seif a company representative is intended to a employment relationship is establish ated with or without cause and with derstand and agree that the Company to cause, with or without notice.	create a contract oned, my employment or without notice	of employment ent and compe e, at any time	t between Company are ensation is for no definite, at the option of either
any time, with our without			1 -1 4	PC
uthorize Company to veri employment or continue cess to and copies of rec tements made by me or owledge. I understand the	fy all the information I have provided ed employment, any additional writted cords pertaining to this information. In this application and that such statement a false statement, false answer, on of my application or my immediate	en authorizations certify that I can ements are true, co misrepresentation	necessary for and will, upon omplete, and on, or omission	the company to obtate request, substantiate correct to the best of reto any question will lead to any question will lead t

Date: _____

Signature of Applicant: