



APPLICATION FOR EMPLOYMENT

75 MILL STREET
 PO BOX 513
 COLCHESTER, CT 06415
 860-537-3451
 HR Direct Line 860-537-2326
 860-537-2635 (Fax)
 HR@ssww.com

We consider applicants for all positions without regard to race, religion, creed, gender, national orientation, age, disability, marital or veteran status, sexual orientation, civil union status, or any other legally protected status. **Please answer all questions and print clearly. Incomplete applications will not be considered.**

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Date
Street	City	State/Zip	Home Telephone () ()
			Cell Phone () ()
Email	Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No (If not a work permit will be required)		Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (If hired, verification will be required by law)

EMPLOYMENT DESIRED

Position	Date you can start	Applying For <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Shift (If applicable) <input type="checkbox"/> Day Shift <input type="checkbox"/> Night Shift
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Salary/Wage Desired	How were you referred to us?	(Please specify the source on the line provided) Newspaper _____ Internet _____ Walk-in _____ Other: _____
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Have you worked at S&S® before? If not, please skip this section.

Dates you were employed at S&S	Position held	Supervisor	Reason for leaving

EDUCATION

	School Name	City/State	Number of Years Attended	Major or Course of Study	Graduated yes/no	Diploma/Degree
High School						
Business/Tech. School						
College						
Graduate/Other						

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills or qualifications which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service which you would like considered in connection with your application for employment (i.e.: Forklift certification, Software proficiencies, Language, etc).

EMPLOYMENT HISTORY

May we contact your present employer at this time? Yes No

Please list below your last four employers, starting with most recent employment – Attach additional pages if necessary.

EMPLOYER 1.

Dates Employed (mo./yr.)		Company Name	Address	Type of Business
From:	To:			
Job Title	Job Responsibilities	Supervisor's Name	Phone Number	()
Reason For Leaving				

EMPLOYER 2.

Dates Employed (mo./yr.)		Company Name	Address	Type of Business
From:	To:			
Job Title	Job Responsibilities	Supervisor's Name	Phone Number	()
Reason For Leaving				

EMPLOYER 3.

Dates Employed (mo./yr.)	Company Name	Address	Type of Business
From: To:			

Job Title	Job Responsibilities	Supervisor's Name	Phone Number
			()

Reason For Leaving

EMPLOYER 4.

Dates Employed (mo./yr.)	Company Name	Address	Type of Business
From: To:			

Job Title	Job Responsibilities	Supervisor's Name	Phone Number
			()

Reason For Leaving

REFERENCES

Please provide three business/work references not related to you whom you have known at least one year.

REFERENCE 1.

Name	Address	Phone
		()

Occupation	Relationship	Years Known

REFERENCE 2.

Name	Address	Phone
		()

Occupation	Relationship	Years Known

REFERENCE 3.

Name	Address	Phone
		()

Occupation	Relationship	Years Known

APPLICANTS STATEMENT

I understand my employment may be terminated with or without cause or notice, at any time, at either my option or that of the Company. I am employed at will. I understand that no management representative has any authority to enter into any agreement, either oral or written, for continuing employment for any specific period of time, or for any particular term or condition of employment except the President of the Company and only if such agreement is made in writing and signed by the President and me.

I give the company permission to contact any or all of my previous employers, references, verify educational references and conduct a background check. I also authorize them to provide all information requested of them by the company. Once an offer of employment has been extended, I agree to substance abuse screening at no personal expense and authorize the examining physician to disclose the findings to the company*. I understand that employment is conditional upon receipt of satisfactory completion and negative results of a drug screen that finds that I am fully able to perform the essential functions of the job, with or without a reasonable accommodation, for which the offer has been extended.

I have provided truthful and complete information to all inquiries in the application (and accompanying resume if applicable) and I understand that discovery of any falsification or omission constitutes a grounds for immediate dismissal. If employed, I will abide by company rules and regulations which I understand are subject to change by the Company without notice at any time.

* You will be required to pass a drug test as a condition of employment.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date

FOR INTERNAL USE ONLY

Interviewed By	Position	Date
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temp
Department		
Wage	Date reporting to work	Reports to

CONFIDENTIAL EQUAL EMPLOYMENT OPPORTUNITY VOLUNTARY SURVEY

As an employer with a commitment to Equal Employment Opportunities, we comply with government regulations, including Equal Employment responsibilities where they apply. Government agencies require periodic reports on the sex, ethnic origin, disability, veteran and other protected status employees. The completion of this data is optional. S&S® Worldwide is an Equal Opportunity Employer and the company's personnel practices including promotion, transfer, reassignment, layoffs or terminations, compensation and employee training and development are administered in a strictly non-discriminatory manner. S&S® Worldwide is an Affirmative Action Employer. **Please note that all information that is volunteered is kept in a confidential file and is not included as part of our Application for Employment or Personnel File.**

(Please Print)

Name: _____

Applying for: _____

Sex (Please check one):

Male

Female

Race/ethnic background:

- White (not of hispanic origin)
- Black or African American (not of hispanic origin)
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- American Indian or Alaskan Native
- Asian
- Other
- Prefer not to specify
- Two or more races

I DO NOT WISH TO COMPLETE THIS FORM.

Date

Signature

