

Structural Concepts®

Date:	Position(s) Applied for:
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APPLICATION FOR EMPLOYMENT

(Please complete fillable form or print and complete offline.)

Structural Concepts Corporation (the "Company") is an equal opportunity employer. We support and comply with laws prohibiting discrimination based on race, color, national origin, gender, pregnancy, religion, age, qualified disabled status, height, weight, marital status and all other protected personal characteristics.

Name:		
<i>First</i>	<i>Middle</i>	<i>Last</i>
Home Telephone:		Mobile Telephone:
Street address:		Apt #:
City:	State:	Zip:
eMail:		
Have you ever applied to this company before? Yes No If yes, when?		Do you have any relatives employed by the company? Yes If yes, who? No
Have you ever been employed with us? Yes No		If yes, when? Position?
Are you currently employed? Yes No		May we contact your present employer?
Have you been convicted of a felony within the last five years? Yes No <i>A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.</i>		If yes, describe in full.
Are there any felony charges pending against you? Yes No		Are you authorized to work in the United States? Yes No
Date available for work :		Expected Wage or Salary:

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Part Time Full Time Shift: 1 2 3 <i>Check all that apply.</i>	Are you currently on "lay-off" status and subject to recall? Yes No
Is there anything that will prevent you from performing the essential functions of the position for which you have applied with or without an accommodation? Yes No	

PRIOR WORK HISTORY (Start with your most recent employer.) Do Not Omit Any Employers – Use Additional Sheets of Paper if Necessary for a Complete Employment Record

DATES	RATE OF PAY	EMPLOYER	SUPERVISOR
FROM:	START:	NAME:	NAME:
TO:	FINISH:	CITY:	TITLE:
Describe the work you did:		What was your reason for leaving?	
DATES	RATE OF PAY	EMPLOYER	SUPERVISOR
FROM:	START:	NAME:	NAME:
TO:	FINISH:	CITY:	TITLE:
Describe the work you did:		What was your reason for leaving?	
DATES	RATE OF PAY	EMPLOYER	SUPERVISOR
FROM:	START:	NAME:	NAME:
TO:	FINISH:	CITY:	TITLE:
Describe the work you did:		What was your reason for leaving?	
May we contact your previous employers?		If not, indicate those you do not wish us to contact.	
Yes No			

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EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

ADDITIONAL INFORMATION

Emergency Contact Information		
In case of emergency notify:	Emergency Contact address:	Phone Number:

Have you ever served in the U.S. Armed Forces? Yes No	If yes, what branch? Rank at discharge:
Dates of Duty: From: _____ To: _____	
State any additional information you feel may be helpful to us in considering your application, including any job related training in the U.S. Military (special training and duty stations) or other employers.	

REFERENCES *Do not include relatives.*

Name	Phone Number	Business	Relationship
1.			
2.			
3.			

PRE-EMPLOYMENT DRUG/ALCOHOL SCREEN WAIVER AND CONSENT.

Having been advised that a drug/alcohol screen will be part of my pre-employment evaluation process,

I, _____, hereby authorize its physicians, nurses, technicians, and/or company representatives to receive samples of my urine, breath and/or oral fluids for the purpose of determining their content and the presence of any alcohol or illegal drug including marijuana. I understand and agree that the results of this test will be disclosed to the Company, and I hereby release the testing laboratory, the Company and any of their employees or agents from any and all claims or causes of action resulting from the disclosure of these results. Further, I hereby waive any patient-client privilege that may otherwise exist with respect to the confidentiality of these results and these tests.

PLEASE READ CAREFULLY APPLICANT'S CERTIFICATION AND AGREEMENT.

I hereby certify answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at the employment decision.

This application for employment shall be considered active for a period of time not to exceed six (6) months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I understand and agree that the Company has no obligation to employ me, and that any offer of employment is revocable by the Company at will and contingent on a satisfactory completion of any background check and any post-offer medical examination, as well as on drug-test results.

I understand and agree that, if hired, I will conform to the rules and regulations of the Company. I understand and agree that if hired my employment may be terminated by either me or the Company at will at any time, with or without notice or cause. I understand and agree that no representative of the Company, other than the President, by a written agreement for a specific term signed by both the employee and the President, has any authority to enter into any agreement for employment for any specified period of time or to restrict the Company's right to terminate employment at will in any way.

If I, due to a physical or mental disability, require an accommodation to perform the job for which I may be selected, I understand that I must give the Company written notice of that need within 182 days after I know or reasonably should have known that an accommodation is needed. Failure to do so may bar me from alleging that the Company has not accommodated me as required by law.

I agree that I must file any lawsuit against the Company and/or its agents arising out of my application for employment, my employment, or the termination of my employment, including but not limited to claims arising under state or federal civil rights laws, within the following time limits or be forever barred: (a) for lawsuits requiring a Notice to Sue from the EEOC, within 90 days after the EEOC issues that Notice; or (b) for all other lawsuits, within (i) 180 days of the event(s) giving rise to the claim, or (ii) the time limit specified by statute, whichever is shorter. I agree to waive any statute of limitations that exceeds this time limit.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant:

Date:

Revised: May 31, 2022