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| Date: |  |

**Application for Employment**

We appreciate your interest in SIGMA Marketing Insights. SIGMA offers equal opportunities to all persons without regard to race, color, religion, age, gender, disability,(including pregnancy, childbirth and related medical conditions) national origin, ancestry, citizenship, military or veteran status, familial status, marital status, sexual orientation, gender identity or expression, domestic violence victim status, predisposing genetic characteristics or genetic information, or any other status protected by law. Applicants who require reasonable accommodation during the application process may contact Human Resources.

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| **Personal Information** |

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| Name: |  | Telephone: |  |
|  | *First M.I. Last* |  |  |

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| Present Address: |  |
|  | *Street City State Zip* |
| E-mail address: |  |

* If under 18 years of age, do you have a work permit?  Yes  No
* Are you legally eligible for employment in the United States?  Yes  No

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required I-9 employment eligibility verification document form upon hire.

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| **Employment Desired** |

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| Position(s) applied for: |  | Date you can start: |  |

Have you ever worked for this company before?  Yes  No

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| When: |  | Supervisor: |  |

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| Reason for leaving: |  |

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| **Education** |

Highest Grade Completed:

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| **Grade School** | **High School** | **College** |
| 1  2  3  4  5  6  7  8 | 9  10  11  12 | 1  2  3  4 |

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| Name of last school attended: | Degree Obtained: |

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| License, Vocational or Trade Training: | *or*  License and License #: |

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| **Professional References** |

Please give the names of three persons not related to you, whom you have known professionally at least three years.

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|  | **Name** | **Address** | **Telephone** | **Years Known** |
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| **Employment History** |

List all your work experience (starting with your most recent employer). Please account for all periods of unemployment in this section. You may attach additional sheets of paper.

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| **Dates Employed:** | | | **Employer Information:** |
| From: | | To: | Name of Employer: |
|  | |  | Address: |
| **Salary** | | |
| Start: |  | | Job Title: |
| Finish: |  | | Name of Supervisor: |

Briefly describe your job duties and work experience:

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Reason for Leaving:

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| **Dates Employed:** | | | **Employer Information:** |
| From: | | To: | Name of Employer: |
|  | |  | Address: |
| **Salary** | | |
| Start: |  | | Job Title: |
| Finish: |  | | Name of Supervisor: |

Briefly describe your job duties and work experience:

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Reason for Leaving:

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| **Dates Employed:** | | | **Employer Information:** |
| From: | | To: | Name of Employer: |
|  | |  | Address: |
| **Salary** | | |
| Start: |  | | Job Title: |
| Finish: |  | | Name of Supervisor: |

Briefly describe your job duties and work experience:

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Reason for Leaving:

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

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| **Applicant’s Statement** |

I understand that if I am hired, my employment may be terminated with or without cause or notice, at any time, at either my option or that of the Company. I understand that no management representative has any authority to enter into any agreement for continuing employment for any specific period of time or which is contrary to the foregoing and that any such agreement must be in writing signed by the Company President. I give the Company permission to contact all or any of my previous employers and references and authorize them to disclose any information the Company may request in the course of its investigation of this application for employment, and I hereby release the Company and such references and prior employers from any and all liability with respect to such disclosures. After a tentative offer of employment has been made, if requested by the Company, I agree to take a job-related medical examination at no personal expense and authorize the examining physician to disclose the findings to the Company. I understand that any offer of employment is conditioned upon receipt of satisfactory references and satisfactory completion of any such job-related medical examination. I also understand that I may be requested now or at any subsequent time during my employment with the Company to submit to drug and/or alcohol tests, at the Company’s expense. I understand that if I refuse to take the test, my employment may be terminated immediately.

I have provided truthful and complete responses to all inquiries in the application and authorize the Company to investigate all statements contained in the application. I understand that the discovery of any falsification or omission constitutes a ground for immediate dismissal or refusal to hire. If employed, I will abide by the Company’s rules and regulations, which I understand are subject to change by the Company.

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| Date: |  | Applicant’s Signature: |  |