

**Application for Employment
Service Guide, Incorporated**

Last Name	First Name	MI
Address		
City	State	Zip
Home Phone	Cell Phone	
E-Mail Address	Social Security Number	

Have you ever filed an application with SGI before?	Yes	No
Have you been employed here before?	Yes	No
Are you legally eligible for employment in the U.S.A.?	Yes	No
Have you been convicted of a felony in the past 7 years?	Yes	No

(If yes, provide full details)

(This information will be reviewed for job relatedness and will not necessarily disqualify you)
Educational Background (List all schools attended in chronological order, year of graduation and course of study)

References (List the name, telephone number, and years known of three (3) business/work references who are not related to you and are not previous supervisors plus three (3) personal references who are not related to you)

Career Experience (Show actual experience in each skill set area in terms of years and months)

Skill Set	Years	Months	Skill Set	Years	Months
Horizontal Boring Mill			Vertical Boring Mill		
Engine Lathe			Turret Lathe		
CNC Operator			CNC Programmer		
Milling Machine			Welder		
Machinery Assembly			Bearing Assembler		
Material Handler			Estimator/Quoter		

Current Wage	Desired Wage	Bonuses/Profit Sharing (If applicable)
In the event of emergency, contact		Phone
Do you have any medical restrictions that could limit your ability to do certain tasks safely and at optimum performance?		
Yes	No	(List below all medical restrictions)

CERTIFICATION AND AGREEMENT

(Please read carefully before pressing "Submit")

I have read the Service Guide, Incorporated guidelines, including the Termination Policy, Safety Policy and Substance Abuse Policy, and agree to be bound by all of the provisions contained therein, including all provisions related to testing for drugs and alcohol.

- I certify that all statements made in this application are true, complete, and correct and that I have read And understand this Application Statement. If I have left an item blank, it is because there is no information to provide in response to it. I understand and agree that any falsification and omission on this form, or in response to questions asked during the interviewing process, or in any post-employment forms which I may complete, shall be grounds for immediate termination of employment, no matter when the falsification or omission is discovered.
- I authorize the company to investigate the facts contained in this application, including the preparation or procurement of a consumer investigative report and I release the company , and any person, company, or institution that provides the company with information concerning my background, from any liability for doing so.
- I acknowledge that any offer of employment which may be made to me will be contingent upon satisfactory completion of pre-employment drug screening, eligibility of employment under the Immigration Reform Control Act of 1986, as amended from time to time and the result of a post-offer medical examination, drug and//or alcohol tests by the company.
- In event of my employment by the company, I will comply with all the guidelines set forth, verbal or written, and other communications distributed to all employees including random drug and/or alcohol testing as part of the company's Drug Free Work Place program.
- I understand and agree that I may be required to accept mandatory overtime, shift work, or a work schedule other than Monday through Friday. I understand and agree that the company may change wages, work benefits, working conditions and guidelines at any time.
- I understand that, if employed, my employment is to be "at will" and that either the company or I may terminate my employment at any time, with or without cause, unless the "at will" arrangement is modified by a written agreement signed by both me and an officer of the company.

(Please print out a copy of this form, sign and date, and fax to 330.637.6229)

Signature

Date