



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

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, religion, creed, gender, national orientation, age, disability, marital or veteran status, sexual orientation, 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	Social Security Number	Date

Street	City	State/Zip	Home Telephone ()	Cell Phone ()

Email	Are you over 18 years of age?	Are you legally eligible to work in the United States?
	<input type="checkbox"/> Yes <input type="checkbox"/> No (If not a work permit will be required)	<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	Shift (If applicable)
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Day Shift <input type="checkbox"/> Night Shift

Salary/Wage Desired	How were you referred to us?	(Please specify the source on the line provided)
_____		Newspaper _____
		Internet _____
		Walk-in _____
		Other: _____

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
_____	_____	_____	_____

Have you ever been convicted of a felony? _____ Yes _____ No

If yes, please explain: _____

Conviction itself does not necessarily automatically bias employment. Seriousness and Date will be considered.

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						

EMPLOYER 3.

Dates Employed (mo./yr.)	Company Name	Address	Type of Business
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From:	To:
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Job Title	Job Responsibilities	Supervisor's Name	Phone Number ()
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Starting Salary	Ending Salary	Reason For Leaving
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EMPLOYER 4.

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

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

REFERENCE 1.

Name	Address	Phone ()
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Occupation	Relationship	Years Known
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REFERENCE 2.

Name	Address	Phone ()
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Occupation	Relationship	Years Known
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REFERENCE 3.

Name	Address	Phone ()
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Occupation	Relationship	Years Known
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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 and verify educational references. 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.

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

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

FOR INTERNAL USE ONLY

Interviewed By

Position

Date

Full Time

Part Time

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 the 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

Are you disabled? Yes* No *If yes, do you require specific accommodations?

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

Check if any of the following are applicable:
Indicate Dates of Service: _____

- Vietnam Era Veteran
- Other Veteran
- Disabled Veteran

I DO NOT WISH TO COMPLETE THIS FORM.

Date Signature