



Staffing Alternatives & Specialized Services

(760) 375-1003 • (760) 375-4228 FAX

808 W. Ridgecrest Blvd • P.O. Box 1707 • Ridgecrest, CA 93555

Date _____

Applications will remain active for 6 months from the date of application. It is your responsibility to contact S.A.S.S. periodically to confirm availability and provide updated telephone numbers. If at the end of 6 months you have not contacted S.A.S.S. or we are unable to contact you, your application will become inactive.

PLEASE PRINT

Name _____
Last First Middle

Home Telephone _____ Day Telephone _____

Present Address _____
No. Street City State Zip

EMPLOYMENT DESIRED

Preferred Position(s) _____

Are you applying for:

Full-time Temporary _____

Part-time Temporary _____

Are you available for work: Weekends _____ Evenings _____

Would you be available to work overtime, if necessary.... Yes _____ No _____

If hired, on what date can you start work? _____

Salary desired \$ _____ Is this amount flexible?... Yes _____ No _____

PERSONAL INFORMATION

Have you ever worked for S.A.S.S.?... Yes _____ No _____

If yes, when? _____ Under what name? _____

Are you bilingual? Yes _____ No _____ What other language do you speak? _____

Do you have any friends or relatives working for S.A.S.S.?...Yes ___ No ___

If yes, state name(s) and relationship _____

Why are you applying for work with S.A.S.S.? _____

If hired, would you have a reliable means of transportation to and from work?...Yes ___ No ___

Are you willing to work out of town?...Yes ___ No ___

Do you have a valid drivers license?...Yes ___ No ___

Are you at least 18 years old?.....Yes ___ No ___
(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?.....Yes ___ No ___

Are you able to perform the essential functions of the job for which you are applying?....Yes ___ No ___

If no, describe the functions that cannot be performed. _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.:

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions of Marijuana related offenses need not be listed.) Yes ___ No ___

If yes, state nature of the crime(s), when and where convicted and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed?.....Yes ___ No ___

If so, may we contact your current employer?..... Yes ___ No ___

If you answer "No" and we need to contact your employer before we can offer you a job, we will contact you first.

EDUCATION, TRAINING AND EXPERIENCE

School	Name & Address	No. Years Completed	Did you Graduate?	Degree or Diploma
High School			Yes ___ No ___	
College/ University			Yes ___ No ___	
Vocational/ Business			Yes ___ No ___	
Health Care			Yes ___ No ___	

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work you have applied for? If so, please explain:

List the computer models which you have experience with, i.e., IBM, Macintosh: _____

List all computer languages and programs in which you have experience:

Typing Speed _____ WPM (Certificates may be required)

Answer the following questions if you are applying for a licensed/certified position:

Are you licensed/certified for the job applied for?...Yes ___ No ___

Name of license/certification _____

Issuing state _____

License/certification number _____

Has your license/certification ever been revoked or suspended?...Yes ___ No ___

If yes, state reason(s), date of revocation or suspension and date of reinstatement _____

EMPLOYMENT HISTORY (YOU MUST COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME)

List below all present and past employment starting with your most RECENT employer (within 10 years). Account for all periods of unemployment.

Name of Employer _____

Address: _____
No. Street City State Zip

Type of Business _____

Telephone(____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ to _____

Wage Rate: Starting \$ _____ Ending \$ _____

Reason for leaving: _____

Name of Employer _____

Address: _____
No. Street City State Zip

Type of Business _____

Telephone(____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ to _____

Wage Rate: Starting \$ _____ Ending \$ _____

Reason for leaving: _____

EMPLOYMENT HISTORY (continued)

Name of Employer _____

Address: _____
 No. Street City State Zip

Type of Business _____

Telephone(____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ to _____

Wage Rate: Starting \$ _____ Ending \$ _____

Reason for leaving: _____

Name of Employer _____

Address: _____
 No. Street City State Zip

Type of Business _____

Telephone(____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ to _____

Wage Rate: Starting \$ _____ Ending \$ _____

Reason for leaving: _____

NOTE: Attach additional page(s) if necessary.

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military?

Yes _____ No _____ If so, describe: _____

REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name _____

Address _____
No. Street City State Zip

Occupation _____

Telephone No. () _____ Number of years acquainted _____

Name _____

Address _____
No. Street City State Zip

Occupation _____

Telephone No. () _____ Number of years acquainted _____

Name _____

Address _____
No. Street City State Zip

Occupation _____

Telephone No. () _____ Number of years acquainted _____

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize S.A.S.S. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to S.A.S.S. any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release S.A.S.S., my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I hereby understand that any possible employment with S.A.S.S. is contingent upon having the qualifications required for the assignment and the successful completion of pre-employment testing, which may include a pre-employment physical examination. S.A.S.S. requires a drug free work force, and all applicants, before assignment, will be tested, by a urine screening and/or other tests, for alcohol, drugs and controlled substances.

_____ I understand that nothing contained in the application, or conveyed during an interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and S.A.S.S. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or S.A.S.S., and that no promises or representations contrary to the foregoing are binding on S.A.S.S. unless made in writing and signed by me and a S.A.S.S. designated representative.

Date _____ Applicant's Signature _____

EQUAL EMPLOYMENT OPPORTUNITY DATA

To be completed by applicant:

Completion of this form is entirely VOLUNTARY, and all information will remain confidential and will NOT affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will NOT become part of your personnel record if you are hired by S.A.S.S.

Name: _____

Sex: _____ Male _____ Female

Race/Ethnicity: _____ American Indian/Alaskan Native

_____ Asian/Pacific Islander

_____ Black

_____ Hispanic

_____ White

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

_____ Vietnam Era Veteran

_____ Disabled Veteran

_____ Individual with a Disability

To be completed by S.A.S.S.

EEO-1 Category:

_____ 1. Officials and managers

_____ 6. Crafts - skilled

_____ 2. Professionals

_____ 7. Operatives - semi-skilled

_____ 3. Technicians

_____ 8. Laborers - unskilled

_____ 4. Sales/Retail

_____ 9. Service workers

_____ 5. Office and clerical

S.A.S.S. information completed by:

Name _____ Date _____