EMPLOYMENT APPLICATION

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.



4470 Yankee Hill Rd., Ste 200 Rocklin, CA 95677 Phone: 916.474.5299 Fax: 916.474.5139 Email: info@swanenginc.com

Proud to be an Equal Opportunity Employer

PERSONAL INFORMATION

NAME:	-st		Middle	
ADDRESS:				
CITY:	STATE:		ZIP:	
PHONE: CELL:		EMAIL:		
Can you prove that you legally entitled to work in the USA?	Yes	No]	
If not a U.S. Citizen, give Visa No. and Expiration Date:				
Do you have a valid Driver's license?	Yes	No]	
Position You Are Applying For:				
Title:		Salary Requiren	nent:	
Full-Time Part-Time Hours and/or days you	can work:			
Referred by:	Date `	Date You Can Start:		
Special Training or Skills:				
EDUCATI	ON - Highest Co	ompleted		
(You MUST provide proof of g		-	ested.)	
HIGH SCHOOL:				
City/State:	D	Pid you graduate?	Yes 🔲 No 🗌	GED
Can you provide diploma or GED certificate? Yes 🔲	No 🔲 If	f no, highest grade c	completed?	
BUSINESS, TRADE OR TECHNICAL SCHOOL:				
City/State:				
Dates Attended:	Degree	ee or Subject:		
COLLEGE:				
City/State:				
Dates Attended:				

WORK HISTORY

(Information about your last 3 jobs - most recent first.)

Employer:	Dates Employed:	:			
Address:					
City:					
Phone:	Ending Salary:				
Titles/Duties:					
Manager's Name and Title:					
Reason for Leaving:					
May we contact your former employer?	Yes	No 🔲			
Employer:	Dates Employed	:			
Address:					
City:					
Phone:	Ending Salary:				
Titles/Duties:					
Manager's Name and Title:					
Reason for Leaving:					
May we contact your former employer?	Yes	No 🔲			
Employer:	_ Dates Employed:	:			
Address:					
City:	State:	Zip:			
Phone:	Ending Salary:				
Titles/Duties:					
Manager's Name and Title:					
Reason for Leaving:					
May we contact your former employer?	Yes	No 🔲			
Have you ever been convicted of a Felony or a Serious Misdemeanor?	Yes	No 🔲			
Please provide the nature, date, location and final disposition of the case:					
Are you currently out on bail or on your own recognizance pending trial?	Yes	No 🔲			
Note: No applicant will be denied employment solely on the grounds of conviction of a c for personal use more than two years old, convictions that have been sealed, expunged or case dismissed by the court. The nature, date, surrounding circumstances and relevance of consideration. Giving false information could be grounds for termination.	eradicated, or misden	neanors for which probation was completed and the			

BUSINESS REFERENCES

(If applying for your first job, you may use academic references.)

Name:					
Work Phone:	Home Phone:				
Address:					
City:					
Relationship to You:					
Name:					
Work Phone:					
Address:					
City:	State:	Zip:			
Relationship to You:					
Name:					
Work Phone:	Home Phone:				
Address:					
City:	_ State:	Zip:			
Relationship to You:					
Are you currently, or were you previously, in the military?	No 🔲 Previously 🗌	Currently			
Branch and Rank:					
NOTATIONS FOR INTERVIEWER ONLY					
	RVIEWER ONLY				
FEDERAL notification of Intent to Verify					
	RVIEWER ONLY				
STATE notification of Intent to Verify					
 STATE notification of Intent to Verify FEDERAL Fair Credit Reporting Act 					
 STATE notification of Intent to Verify FEDERAL Fair Credit Reporting Act STATE Credit Reporting Act 	Date://				
 STATE notification of Intent to Verify FEDERAL Fair Credit Reporting Act STATE Credit Reporting Act Release Authorization 	Date://				
 STATE notification of Intent to Verify FEDERAL Fair Credit Reporting Act STATE Credit Reporting Act 	Date://				
 STATE notification of Intent to Verify FEDERAL Fair Credit Reporting Act STATE Credit Reporting Act Release Authorization 	Date://				
 STATE notification of Intent to Verify FEDERAL Fair Credit Reporting Act STATE Credit Reporting Act Release Authorization Drug Testing 	Date://				
 STATE notification of Intent to Verify FEDERAL Fair Credit Reporting Act STATE Credit Reporting Act Release Authorization Drug Testing Test Results: Negative Positive 	Date://				
 STATE notification of Intent to Verify FEDERAL Fair Credit Reporting Act STATE Credit Reporting Act Release Authorization Drug Testing Test Results: Negative Positive 	Date:// Interviewer Name				
 STATE notification of Intent to Verify FEDERAL Fair Credit Reporting Act STATE Credit Reporting Act Release Authorization Drug Testing Test Results: Negative Positive Second Interview// Adverse Action Letter 	Date:// Interviewer Name				

PLEASE READ CAREFULLY BEFORE SIGNING!

If employed, and in consideration of my employment, I agree to abide by the written and unwritten rules and regulations of my employer, and agree that my employment and compensation can be terminated at will, with or without cause, with or without notice, at any time, either at my option or at the option of the company. I understand that no management representative has any authority to enter into any agreement of employment for any specified period of time, or to make any agreement contrary to the foregoing, except the president of the company. Any such agreement must be in writing and signed by both the president of the company and myself.

I authorize prior employers, references and others identified in the application as sources of information regarding my character, qualifications, work history and background to provide information without limitations pertaining to those subjects within the United States and any foreign countries that I have either lived or worked in. I waive any rights of privacy that may be attached thereto. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the company, as well as from the use of disclosure of such information by the company or any of its agents, associates or representatives. I also understand that all offers of employment are contingent upon the verification of all facts contained in this application to be true and accurate and upon satisfactory response to reference requests. This consent for a background screening allows for future background checking for purposes of promotion, reassignment or retention.

I hereby certify that all of the foregoing information that I have supplied in this application is correct and complete. Furthermore, I understand that any misrepresentation, falsification or material omission of information in this application may result in my failure to receive an offer or, if I have been hired, my immediate dismissal from employment regardless of when the information is discovered.

I understand that all offers of employment are conditioned on the provision of satisfactory proof of identity and legal authority to work in the United States. Offers of employment are also conditioned on the satisfactory completion of tests for drugs and/or alcohol at a company selected facility at the company's expense, and I understand that the company may use any information obtained from such tests to be extent permitted by state and federal law.

In the event of any employment-related legal proceedings, I agree to a binding resolution arbitration procedure in order to provide fast, fair and final results. Upon termination of my employment, I agree to return all company property and records.

Signature of Applicant _____

Date: ___/___/

This company is committed to a policy of equal employment and provides an affirmative action opportunity for all applicants and employees. Employment decisions shall comply with all applicable laws prohibiting discrimination in employment, including Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967, the Americans With Disabilities Act of 1990, the Immigrant and Nationality Act, the Fair to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual Credit Reporting Act, and any applicable state laws. All qualified applicants will be considered without regard orientation or reference, or physical or mental disability.