



# EMPLOYMENT APPLICATION

*An Equal Opportunity Employer*

1145 Camden Avenue • Rock Hill, SC 29732

Phone (803) 324-4040 • Fax (803) 324-3243

NOTICE: This information will be used to determine a person's qualifications and abilities without regard to race, color, age, religion, sex, national origin, disability or any other characteristic protected by law. Any item on this form, which you feel tends to be discriminatory, need not be completed. This application will remain active for 30 days.

Date of Application \_\_\_\_\_

**PERSONAL:**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

*Hire is subject to verification that applicant meets legal age and US work permit requirements.*

Are you eligible to work in the United States? \_\_\_\_\_ If you are under 18, can you furnish a work permit? \_\_\_\_\_

Within the last ten years, if you have forfeited bond, pleaded guilty or no contest to, been convicted of, or served time for any criminal offense, provide the date, the offense, and the place where such forfeiture plea or conviction occurred. This does not include motor vehicle violations. Providing such information does not automatically disqualify you from employment with this Company.  Yes  No

\_\_\_\_\_  
Nature of Offense                      Date                      City                      County                      State

\_\_\_\_\_  
Nature of Offense                      Date                      City                      County                      State

**EDUCATION:**

Are you a high school graduate?  Yes  No

	Name of School & Address	Course of Study	Did you graduate? Degree?	Total Years
College, Business, or Trade School				
Other				

Please describe any other special courses, seminars, training sessions, or professional accomplishments which have been a part of your overall education: \_\_\_\_\_

What languages, other than English, are you able to read, speak, or write? (Complete this section only if the job for which you are applying requires bi-lingual abilities.) \_\_\_\_\_

**EMPLOYMENT DESIRED:**

Position:     Technician (Trainee)    Trained Technician    Shipping & Receiving Staff    Management    Courier  
 Marketing / Customer Service    Other \_\_\_\_\_

Available Start Date: \_\_\_\_\_ Days Available for Work: \_\_\_\_\_

Hours Desired:     Full Time    Part Time    Any

Are you available for overtime when needed?     Yes    No

Salary Desired: \_\_\_\_\_ Are you currently employed? \_\_\_\_ If so, may we contact your current employer? \_\_\_\_

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. New hires may be subject to passing a medical examination, skill and or agility tests.*

Have you ever applied at this company before?     Yes    No   If so, when? \_\_\_\_\_ Where? \_\_\_\_\_

Have you ever worked for this company before?     Yes    No   If so, when? \_\_\_\_\_ Where? \_\_\_\_\_

Are you willing to travel?     Yes    No   What percent of the time? \_\_\_\_\_ Overnight?     Yes    No

How did you find out about this position?

Advertisement (Identify Ad \_\_\_\_\_)     Employee Referral (Employee Name \_\_\_\_\_)

Other \_\_\_\_\_

**COMPUTER SKILLS:**

Please indicate which computer / software skills you have and your proficiency level.

1 - No Knowledge    2 - Beginner    3 - Basic    4 - Advanced    5 - Expert

MS Windows		MS Word		Other:	
DOS		MS Power Point		Other:	
MS Excel		MS Outlook		Other:	
MS NT		MS Front Page		Other:	
MS Access		MS Windows XP		Other:	

**DRIVER EXPERIENCE AND QUALIFICATIONS:**

Complete this section only if your job will include driving on the Company's behalf. If hire, a clean MVR and proof of valid driver's license is required as a condition of employment and for our insurance carrier.

State	License Number	License Type	Expiration Date

Please indicate any additional skills/experiences you feel will be beneficial in the performance of the position for which you are applying:

**EMPLOYMENT RECORD:**

Starting with the most recent, list your last 3 employers, assignments, or volunteer work - including military experience.

1. Name, Address & Phone # of Employer	2. Name, Address & Phone # of Employer	3. Name, Address & Phone # of Employer
<b>Dates of Employment (Month, Year)</b> From: _____ To: _____	<b>Dates of Employment (Month, Year)</b> From: _____ To: _____	<b>Dates of Employment (Month, Year)</b> From: _____ To: _____
<b>Rate of Pay</b> \$ _____ per _____	<b>Rate of Pay</b> \$ _____ per _____	<b>Rate of Pay</b> \$ _____ per _____
<b>Job Title and Responsibilities</b>	<b>Job Title and Responsibilities</b>	<b>Job Title and Responsibilities</b>
<b>Reason for Leaving</b>	<b>Reason for Leaving</b>	<b>Reason for Leaving</b>
<b>Name of Supervisor</b>	<b>Name of Supervisor</b>	<b>Name of Supervisor</b>

**REFERENCES:**

Give the names and addresses of persons, other than friends, relatives and supervisors already listed who have knowledge of your experience and ability.

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**PLEASE READ CAREFULLY:**

\_\_\_\_\_  
(initial) In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit records / criminal history. I authorize anyone processing this information to furnish Sherer Dental Laboratory, Inc., the "Company", and/or any third party acting for it with the information, and I release anyone providing such information and the "Company", and/or third party company from any and all liability and damages whatsoever in furnishing, obtaining, or using said information. I further understand that I will be provided a written notice if any adverse action is to be taken in whole or in part based on the consumer reports.

\_\_\_\_\_  
(initial) I understand that any offer of employment is subject to and contingent upon successfully passing to the Company's satisfaction, its pre-employment drug test, security investigation, and any other qualifying test it may require.

\_\_\_\_\_  
(initial) I have given true and complete information on this application to the best of my knowledge with the understanding that such information will be relied upon in considering my application for employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in the immediate termination of my employment. I further agree that the Company shall have the right, if and when my employment is terminated, to furnish others with information regarding my work record.

\_\_\_\_\_  
(initial) I understand that nothing contained in the application, or conveyed during any interview that may be granted or during my employment, if hired, is intended to create an employment contract between the Company and me. 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 the company and that no promises or representations contrary to the foregoing and binding on the Company unless made in writing and signed by me and the Company's designated representative.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR COMPANY USE ONLY:**

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
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