



EMPLOYMENT APPLICATION

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

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EDUCATION: Do you have a high school diploma or equivalent? 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: _____

EMPLOYMENT DESIRED: Technician (Trainee) Trained Technician Shipping & Receiving Staff
 Marketing / Customer Service Courier Management Other _____

Available Start Date: _____ Days Available for Work: _____ 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

List specific computer related skills: _____

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
Dates of Employment (Month, Year)	Dates of Employment (Month, Year)	Dates of Employment (Month, Year)
Rate of Pay	Rate of Pay	Rate of Pay
Job Title and Responsibilities	Job Title and Responsibilities	Job Title and Responsibilities
Reason for Leaving	Reason for Leaving	Reason for Leaving
Name of Supervisor	Name of Supervisor	Name of Supervisor

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:

INTERVIEWED BY: _____

DATE: _____

COMMENTS:
