



APPLICATION FOR EMPLOYMENT

P.O. Box 250 • Riceboro, GA 31323
 Job Line: 912-884-8754 • Fax: 912-880-2002
employment@snfhc.com • www.snfinc.com

Prospective employees will receive consideration without discrimination based on race, creed, color, national origin, sex, age, disability, marital status, sexual orientation, citizenship status, veteran status or any condition prescribed by state or local law in all employment decisions, including, but not limited to recruitment, hiring, compensation, training and apprenticeship, promotion, upgrading, demotion, downgrading, transfer, lay-off, termination, and all other terms and conditions of employment.

Legal Last Name		Legal First Name		Legal Middle Name
Present Address			City, State, Zip Code	Contact Telephone Number
Position Applying for:	Date Available:	Pay Expected: Hourly Rate/Salary		Alternate Telephone Number
				Email address: (optional)
Have you ever worked for SNF Holding Company, any of its subsidiaries or contractors?				<input type="checkbox"/> Yes <input type="checkbox"/> No
• If yes, when?				
• Company, Department, and Supervisor:				
Are you legally eligible for employment in the US?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you at least 18 years of age?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a valid driver's license?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a crime? (Please exclude minor traffic violations)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
• If yes, then please explain below:				

EDUCATION (Check highest level Completed)

High School	GED	College	Graduate
<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> GED	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?	DIPLOMA, DEGREE OR CERTIFICATE
HIGH SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
TRADE/TECHNICAL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE				<input type="checkbox"/> Yes <input type="checkbox"/> No	
GRADUATE SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
INTERNSHIPS, CERTIFICATIONS, ETC.				<input type="checkbox"/> Yes <input type="checkbox"/> No	

SPECIAL SKILLS/TRAINING

Please list any training courses, job related skills, or special skills you have. Please enter the number of years experience you have in each category below.

Customer Service Skills		EPA Certification		Production		Loading/Unloading	
Typing (wpm _____)		CPR Certification		Manufacturing			
10-key by touch		CDL-Class A License		Fabrication		Electric Tools	
Accounting Skills		CDL-Class B License		Electronics		Manual Tools	
Filing		CDL-Class C License		Electrical		Masonry	
Fax Machines		Georgia Work Ready		Construction		Painting	
Copy Machines		Certification level:		HVAC		Pipe Fitting	
Microsoft Word						Plumbing	
Microsoft Excel		Maintenance		Shipping/Receiving		Carpentry	
Microsoft Access		Building Maintenance		Warehouse		Assembly	
Microsoft PowerPoint		Grounds Maintenance		Reach Forklift		Roofing	
AS/400				Hand Pallet Jacks		Landscaping	
Clerical		Weight Conversions		Forklift Certification		Pressure Washing	
Other Languages:		Order interpretation		Forklift Experience		Electronic Assembly	
				Palletizing		Equipment Operating	
Fire Brigade		Machine Shop		Scanning Equipment		Heavy Equipment	
Confined Space Entry		Welding		Inventory Control		Mechanical Experience	
HAZ/MAT		Welding w/tools		Picking/Packing		Other:	

PAST U.S. MILITARY SERVICE

Branch	Date Entered	Date Discharged	Entry Rank	Discharge Rank
Describe your military duties:				
List service schools attended and training received:				
Discharge Type:				

AVAILABILITY

Please check the shifts you are **NOT** available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1 st <input type="checkbox"/>	1 st <input type="checkbox"/>	1 st <input type="checkbox"/>	1 st <input type="checkbox"/>	1 st <input type="checkbox"/>	1 st <input type="checkbox"/>	1 st <input type="checkbox"/>
2 nd <input type="checkbox"/>	2 nd <input type="checkbox"/>	2 nd <input type="checkbox"/>	2 nd <input type="checkbox"/>	2 nd <input type="checkbox"/>	2 nd <input type="checkbox"/>	2 nd <input type="checkbox"/>
3 rd <input type="checkbox"/>	3 rd <input type="checkbox"/>	3 rd <input type="checkbox"/>	3 rd <input type="checkbox"/>	3 rd <input type="checkbox"/>	3 rd <input type="checkbox"/>	3 rd <input type="checkbox"/>
Are you available to work rotating shifts?			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you available to work weekends?			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you available to work holidays?			<input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT HISTORY

Starting with the present or most recent, list previous employers regardless of position or length of employment. **DO NOT REPLY "REFER TO RESUME."** If you were not employed please explain that period of time (i.e. school, stayed home, volunteer work). For additional work history attach information with your signature.

Date		Employer	Job Title and Job Description
From (mm/yy)	To (mm/yy)	Name	Job Title
Starting Pay	Ending Pay	Address	List duties performed, jobs held, or skills used and learned:
Supervisor Name		City, State, Zip Code	
Telephone Number		Reason for Leaving	
Did you resign?		If you were terminated please explain below	
<input type="checkbox"/> Yes <input type="checkbox"/> No			May we contact this employer?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Date		Employer	Job Title and Job Description
From (mm/yy)	To (mm/yy)	Name	Job Title
Starting Pay	Ending Pay	Address	List duties performed, jobs held, or skills used and learned:
Supervisor Name		City, State, Zip Code	
Telephone Number		Reason for Leaving	
Did you resign?		If you were terminated please explain below	
<input type="checkbox"/> Yes <input type="checkbox"/> No			May we contact this employer?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Date		Employer	Job Title and Job Description
From (mm/yy)	To (mm/yy)	Name	Job Title
Starting Pay	Ending Pay	Address	List duties performed, jobs held, or skills used and learned:
Supervisor Name		City, State, Zip Code	
Telephone Number		Reason for Leaving	
Did you resign?		If you were terminated please explain below	
<input type="checkbox"/> Yes <input type="checkbox"/> No			May we contact this employer?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Date		Employer	Job Title and Job Description
From (mm/yy)	To (mm/yy)	Name	Job Title
Starting Pay	Ending Pay	Address	List duties performed, jobs held, or skills used and learned:
Supervisor Name		City, State, Zip Code	
Telephone Number		Reason for Leaving	
Did you resign?	If you were terminated please explain below		May we contact this employer?
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

An application form sometimes makes it difficult for an individual to adequately summarize a complete work experience. Use this space below to summarize any addition information necessary to describe your full qualifications for the specific position in which you are applying for:

REFERENCES

Please list the names of three individuals who are personally familiar with your professional training, work, and experience (not related to you).

Name	Relationship	Phone Number	Years Known

Did you complete this application yourself? Yes No

READ CAREFULLY AND UNDERSTAND BEFORE SIGNING YOUR APPLICATION:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I have provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. I acknowledge that any offer of employment is conditional upon my providing body substance samples (i.e. blood, urine) for testing to determine use of illicit drugs and that I will be required to provide the requested samples following the conditional offer of employment at the time of the pre-employment medical examination. You have my consent to conduct a background check.

This application will expire in 60 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment, I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

Date

Applicant Signature