

## **APPLICATION FOR EMPLOYMENT**

Shelton Services, Inc., is an equal opportunity employer. All applicants will be considered for employment without attention to race, color, religion, sex, national origin, age, veteran or disability status, or any other legally protected class under applicable state or federal law.

Please print or type. This application must be fully completed and signed to be considered.

Please complete each section, even if you attach a résumé.

1. Personal l	Information	·				
Name:						
	(Last) (First)	(Middle)				
Address:						
Telephone:						
Email:						
List any other names used:						
	eligible to work in the United States?	☐ Yes ☐ No				
	mployment, are you willing to submit	☐ Yes ☐ No				
to a criminal background check?						
If required of po						
	18 years of age?	☐ Yes ☐ No				
Do you have a v	valid driver's license?	☐ Yes ☐ No				
	ver's license state and number:					
Driv	ver's license endorsements:	□ None				
		☐ Commercial Driver's License				
		☐ Hazardous Material				
		☐ Other (list):				
2. Position	C					
Position applyin						
Available state	date:					
Desired pay:						
Willing to work	(check all that apply):	☐ Full-Time				
		☐ Part-Time				
		☐ Summer				
		☐ Temporary/Project				
Are you willing	to work overtime?	☐ Yes ☐ No				
Are you willing	to travel?	☐ Yes ☐ No				

Rev. 12/14/2018

Applicant's Name:	
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## 3. Employment History

Rev. 12/14/2018

Include all employment. Begin with your current or most recent position, and work back to your first. Employment history should include each position held, even those with the same employer. If you need additional space, you may make copies of this page or attach a typed employment history.

EMPLOYER (1):	
Job title(s):	
Start date:	End date:
Address (including	
city and zip code)	
Job duties:	
Supervisor:	Telephone:
Reason for leaving:	·
EMPLOYER (2):	
Job title(s):	
Start date:	End date:
Address (including	
city and zip code)	
Job duties:	
Supervisor:	Telephone:
Reason for leaving:	
EMPLOYER (3):	
Job title(s):	
Start date:	End date:
Address (including	
city and zip code)	
Job duties:	
Supervisor:	Telephone:
Reason for leaving:	
4. Military Service	
Are you a veteran of the U.S. Armed Services?	☐ Yes ☐ No
If yes, dates of service (from/to):	

5. Educa	tion							
Applicant may		to provide pro	of of diplon	na, degr		pt, certi	ficate, or i	registration.
	Instituti	on Name	Location	on	Years Attended	Field	of Study	Diploma or Degree
High								
School								
College/								
university								
Technical/								
vocational								
Other								
6 Specia	l Trainin	g/ Skills/ Q	ualificati	ons				
		ualifications,		OIIS				
and honors:	skiiis, q	adiffications,						
Professiona	l licenses, c	ertifications,	or					
registrations								
authority an		n, if						
applicable):								
Types of ted qualified to								
7. Refere	ences							
Name	Name Title & Com		ipany	Years Known		Telephone		
8. Emerg	ency Cor	ntact*						
			es should c	ontact:				
In case of emergency, Shelton Services should contact:  Name: Telephone 1: Telephone 2: Relationship:						ship:		
			1		r			*
Address:			1		ı			

Applicant's Name:

<sup>\*</sup>Will not be used for employment consideration.

Applicant's Name:	
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## 9. Acknowledgments and Signature

Please read the following statements carefully and indicate your understanding and acceptance by signing in the space provided.

- 1. I certify that all the information provided by me in connection with my employment application, whether on this document or not, is true and complete.
- 2. I understand any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
- 3. I understand I will be required to provide proof of authorization to legally work in the United States of America if I am given a conditional offer of employment.
- 4. I understand as a condition of employment, I shall be required to submit to a preemployment drug screening.
- 5. I understand that, if I am given a conditional offer of employment and if required by the job position, I may be required to submit to a pre-employment medical examination.
- 6. I understand Shelton Services may request that I consent to a criminal background check as a condition of employment.

Applicant's signature:			 	
	Date: _			

This application must be signed.

Return completed application by email, fax, or mail to:

SHELTON SERVICES, INC. Attn: Human Resources P.O. Box 15 Huffman, Texas 77336 info@j2sservices.com (281) 324-5110 FAX