

Applicant's Name: _____

3. Employment History

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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, dates of service (from/to): | | |

Applicant's Name: _____

5. Education

Applicant may be required to provide proof of diploma, degree, transcript, certificate, or registration.

| | Institution Name | Location | Years Attended | Field of Study | Diploma or Degree |
|-----------------------|------------------|----------|----------------|----------------|-------------------|
| High School | | | | | |
| College/ university | | | | | |
| Technical/ vocational | | | | | |
| Other | | | | | |

6. Special Training/ Skills/ Qualifications

| | |
|--|--|
| Other relevant skills, qualifications, and honors: | |
| Professional licenses, certifications, or registrations (including issuing authority and expiration, if applicable): | |
| Types of technology or equipment qualified to operate or repair: | |

7. References

| Name | Title & Company | Years Known | Telephone |
|------|-----------------|-------------|-----------|
| | | | |
| | | | |

8. Emergency Contact*

In case of emergency, Shelton Services should contact:

| Name: | Telephone 1: | Telephone 2: | Relationship: |
|----------|--------------|--------------|---------------|
| | | | |
| Address: | | | |

**Will not be used for employment consideration.*

Applicant's Name: _____

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 pre-employment 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