



SOUTHEASTERN SALVAGE

EMPLOYMENT APPLICATION
Please Print



NAME _____ DATE OF BIRTH _____
Last First Middle

PHONE # _____ SS# _____ DRIVER'S LIC# _____ GRADUATE? _____ HIGH SCHOOL

PRESENT ADDRESS _____
Street City State Zip Code

HOW LONG HAVE YOU LIVED THERE? (Years) _____ (Months) _____
IF LESS THAN TWO YEARS, PLEASE PROVIDE PREVIOUS ADDRESS

PREVIOUS EMPLOYMENT (List Latest Job First)

COMPANY _____ Phone # _____

POSITION _____ EMPLOYED FROM _____ TO _____ SUPERVISOR'S NAME _____

REASON FOR LEAVING _____

COMPANY _____ Phone # _____

POSITION _____ EMPLOYED FROM _____ TO _____ SUPERVISOR'S NAME _____

REASON FOR LEAVING _____

LIST TWO REFERENCES YOU HAVE KNOWN FOR AT LEAST TWO YEARS- No Family or Previous Employers

Name Phone # Known How Long?

Name Phone # Known How Long?

I AUTHORIZE THE Company to investigate my driving record, criminal record, and credit history. I authorize the Company to do a background investigation on me by contacting previous employers, friends, and neighbors, as well as other acquaintances. I authorize my previous employers to release all information and records having to do with my previous employment. I authorize the Company to perform whatever drug testing procedures that are required for employment as well as continued employment in compliance with the Company drug testing policy. I certify that all of the information and in any interview will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I may be dismissed.

SIGNATURE OF APPLICANT _____ DATE _____

TO BE COMPLETED UPON HIRING OF INDIVIDUAL

DEPARTMENT _____ PAY RATE _____

FIRST DAY TO REPORT TO WORK _____