

SBM SERVICES, LLC

Employment Application

The filling of this application and our acceptance thereof does not indicate there is positions open and in no way obligates SBM Services, LLC. The information contained herein will be regarded as confidential and is, together with all attached papers, the property of SBM Services, LLC. It will be to the applicant's advantage to answer each question fully, accurately, and honestly.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Position Applied for: Desired Salary:	Availability:	
Name and telephone number of closest relative:		How did you hear about us:	
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Are you related to any SBM employee?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, who?	
Have you ever been convicted of a felony/misdemeanor?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Fluent Languages		List Languages:	
Speak and Write?	YES <input type="checkbox"/> NO <input type="checkbox"/>		

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

Applications will be discarded after 180 days

PREVIOUS EMPLOYMENT – BEGIN WITH MOST RECENT POSITION

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that the answers herein and all other information otherwise given by me are true and complete to the best of my knowledge. In the event that I am employed, I understand that any incorrect, incomplete, misleading, or false statements furnished by me will result in discharge. I understand that employment is not subject to property interest and that either I, or SBM Services, LLC may discontinue the employment relationship at any time for any reason as directed by applicable SBM Services, LLC's policies and procedures.

Signature	Date
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RELEASE AUTHORIZATION

SBM Services, LLC. Pre-screens all employees and/or sub-contractors before hiring. This policy was enacted to ensure a professional working environment as well as for the protection of our employees, sub-contractors and clientele.

Last Name	Middle Initial	First Name
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List all other names used in the past:
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Address	City	State Zip Code
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Social Security Number/Tax ID

Drives License Number:	State of Issue:
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Date of Birth:

Residence(s) in the past 7 years:

Address	City	State Zip Code
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Address	City	State Zip Code
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Additional Addresses:

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VERIFICATION OF BACKGROUND

I expressly authorize any person associated with any educational institution, past or previous employer, any law enforcement agency (federal, state or local), credit reporting agency, or any person who has knowledge of my character, work experience, educational, medical, criminal or driving history to release information to SBM Services, LLC or their employees or agents. I will not hold SBM Services, LLC or their employees or any person requesting or releasing the information for any damage whatsoever resulting from the acquisition, use, retention, or disclosure or any such information. I will not hold SBM Services, LLC, their employees or any person responsible for errors or inaccuracies in the acquisition or transmittal of information pertaining to the verification of my background.

Signature of Applicant	Date Signed
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Printed Name of Applicant

Witness
