

Use **Send** button to email application to location applied for

Application For Employment

Corporate Office:
SFI Electronics, Inc.
P. O. Box 11275
Charlotte, NC 28220



Location Applied for						
Position Applied for				Date of Application		
Reference Source	Advertisement	Friend	Walk-in	Agency	Other	

Full Name	Last	First	Middle

ADDRESSES FOR THE PAST FIVE YEARS						
FROM	TO	ADDRESS	CITY	COUNTY	STATE	ZIP
	Present					

Date of Birth		Social Security #		Telephone	
Are you available to work?	Full Time		Part-Time		Temporary
Date available to begin work?			Wage Expected		
	Yes	No		Yes	No
Are you on layoff and subject to recall?			Explain any driving violations below ↓		
Will you work overtime when necessary?					
Filed an application with SFIE before?			If so, when?		
Have you ever worked for SFIE before?			If so, date of employment: From To		
Are you a member of the military reserves?			If yes, branch		
Do you have a valid driver's license?			License No.		State
Are you a US Citizen?			If no, visa or immigration status		
Do you have any relatives working for SFIE?			If so, who?		
Have you ever been bonded?			What company?		
Have you ever been convicted of a crime in a court of law? If yes, explain.					

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	Yes	No	
Veteran of the U.S. military service? (select yes or no) Discharge Type:			Branch: _____ Rank: _____ Dates of service: From _____ To _____
Do you hold any professional registrations and/or licenses? If yes, please list in space provided.			

List professional, trade, business, volunteer, or civic activities and offices held. (Exclude those that indicate race, religion, sex or national origin.)	
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Give name, address and telephone numbers of three references who are not related to you and are not previous employers.					
Name	Address	City	State	ZIP	Phone #

In case of emergency, please notify:	Phone #	Relationship

Special Skills and Qualifications. Summarize special skills and qualifications acquired from employment or other experience:

Please explain why you want the job applied for and why SFI Electronics should hire you. Use additional space if necessary.

Employment Experience

Start with your present or last job. Include military service assignment and previous employers for all jobs beginning after completion of high school education. YOUR COMPLETE WORK RECORD MUST BE ACCOUNTED FOR. Exclude organizations that indicate race, color, religion, sex or national origin. Use additional space if necessary.

Most Recent Employer		Supervisor's Name			Your Job Title		
Employer's Address		City	State	ZIP	Phone #		
Description of work performed			Dates Employed		Pay/Hour		
			Beginning				
			Ending				
Reason for leaving							

2 nd Most Recent Employer		Supervisor's Name			Your Job Title		
Employer's Address		City	State	ZIP	Phone #		
Description of work performed			Dates Employed		Pay/Hour		
			Beginning				
			Ending				
Reason for leaving							

3 rd Most Recent Employer		Supervisor's Name			Your Job Title		
Employer's Address		City	State	ZIP	Phone #		
Description of work performed			Dates Employed		Pay/Hour		
			Beginning				
			Ending				
Reason for leaving							

Most Recent Employer		Supervisor's Name			Your Job Title		
Employer's Address		City	State	ZIP	Phone #		
Description of work performed			Dates Employed		Pay/Hour		
			Beginning				
			Ending				
Reason for leaving							

EQUAL OPPORTUNITY EMPLOYER

Employment Experience (continued)

5 th Most Recent Employer		Supervisor 's Name			Your Job Title	
Employer's Address		City	State	ZIP	Phone #	
Description of work performed			Dates Employed		Pay/Hour	
			Beginning			
			Ending			
Reason for leaving						

6 th Most Recent Employer		Supervisor 's Name			Your Job Title	
Employer's Address		City	State	ZIP	Phone #	
Description of work performed			Dates Employed		Pay/Hour	
			Beginning			
			Ending			
Reason for leaving						

7 th Most Recent Employer		Supervisor 's Name			Your Job Title	
Employer's Address		City	State	ZIP	Phone #	
Description of work performed			Dates Employed		Pay/Hour	
			Beginning			
			Ending			
Reason for leaving						

8 th Most Recent Employer		Supervisor 's Name			Your Job Title	
Employer's Address		City	State	ZIP	Phone #	
Description of work performed			Dates Employed		Pay/Hour	
			Beginning			
			Ending			
Reason for leaving						

Are you employed now?	Yes	No	May we contact your employers?	Present	Yes	No
				Past	Yes	No

	High School			College / University Other Schools				Graduate / Professional					
School Name, City and State													
Years Completed	10	11	12	1	2	3	4	1	2	3	4	5	6
Diploma/Degree													
Describe Course of Study													
Describe specialized Training, Apprenticeship, Skills, and Extracurricular Activities													

Honors Received:

State any additional information you feel may be helpful to in considering your application:
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DRUG TESTING

I understand and agree that I may be required to take one or more drug tests as a condition of hiring and/or continued employment. I agree to consent to take such tests at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such tests.

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also authorize credit bureau investigative reports when necessary. **I understand that this application is not intended to be a contract of employment.**

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. **I understand that my employment is contingent upon (1) registration with state licensing boards (criminal conviction records will be checked), (2) drug screening results, and (3) driving records checks.** I understand also that I am required to abide by all rules and regulations of the Company. I further agree that if I am employed by the Company, both the Company and I are free to end the employment relationship at any time.

Signature of Applicant		Date	
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Sign or Type Name Above