

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE



322 Freedom Boulevard
Yorktown, Virginia 23692
(757) 872-8606
(757)872-8706 fax

APPLICATION FOR EMPLOYMENT

Name: _____

Current Address: _____
Number Street City State Zip

Telephone: () _____

Spain Commercial, Inc. is an equal opportunity employer. Applications are received and employees are hired without regard to race, creed, color, sex, religion, age, national origin, marital status, disability, sexual orientation, veteran's status, citizenship status, or any other protected classes under federal, state, or local, or regulations. The receipt of this application does not mean that job openings exist and does not obligate us in any way.

Spain Commercial, Inc. is a drug-free workplace. All applicants must submit to and pass a drug screening test prior to employment. Applicants who will be driving Spain Commercial, Inc. owned vehicles must provide a DMV Driving Record.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit Proof of citizenship/immigration status and identity within three (3) days of employment. Failure to submit such proof can result in immediate termination.

By signing below, you acknowledge that the information contained in this Application for Employment is true, correct, and complete. That if you are employed by Spain Commercial, Inc., any misstatement or omission of fact on this application may result in dismissal.

This application is not an employment contract. The Company does not offer tenured or guaranteed employment. Either the Company or the employee can terminate the employment relationship at any time, with or without cause, with or without notice. This employment at will relationship exists regardless of any other written statements or policies contained in the Handbook or any other Company documents or any verbal statement to the contrary.

Signature

Date

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Personal Information:

Position Applied for: _____

Salary Desired: _____

Are you available for full-time work: Yes No

When will you be available? _____

How were you referred to us? _____

Will you work overtime if ask? Yes No

Are you legally eligible for employment in the United States? Yes No

Do you have a valid Driver's License? Yes No

Do you have transportation to work? Yes No

Are you employed now? Yes No

May we contact your present employer? Yes No

What is your reason for leaving? _____

Are you over 18 years of age? Yes No *(All employment is subject to verification of age)*

Applicant Authorization to Release Information:

I hereby authorize any person, company, and or educational institution I have listed as a reference on my employment application to fully disclose in good faith any information they may have regarding my qualifications for employment. I will not hold any prospective or former employer, educational institutions, and nor any other persons giving references liable for the exchange of this information along with any other reasonable and necessary information that is necessary and inherent to the employment process.

Signature of Job Applicant

Date

Print Name

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Employment History:

1. Employer: _____
Name of Supervisor: _____ Telephone: _____
Address: _____

Employed From (*start date*): _____ To (*end date*): _____
Hourly Pay: _____ Reason for Leaving: _____
Describe Your Work: _____

2. Employer: _____
Name of Supervisor: _____ Telephone: _____
Address: _____

Employed From (*start date*): _____ To (*end date*): _____
Hourly Pay: _____ Reason for Leaving: _____
Describe Your Work: _____

3. Employer: _____
Name of Supervisor: _____ Telephone: _____
Address: _____

Employed From (*start date*): _____ To (*end date*): _____
Hourly Pay: _____ Reason for Leaving: _____
Describe Your Work: _____

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References:

Please list (2) two references other than relatives or previous employers.

1. Name: _____
Position: _____
Company: _____
Address: _____

Telephone Number: _____

2. Name: _____
Position: _____
Company: _____
Address: _____

Telephone Number: _____