

STRATEGIC OPERATIONS



FACTICAL TRAINING

APPLICATION FOR EMPLOYMENT

Strategic Operations is an Equal Opportunity Employer. In compliance with Federal and State equal employment opportunity laws, applicants are considered for positions without discrimination on the basis of race, religion, sex, national origin, citizenship, age, disability, or any other consideration made unlawful by applicable federal, state, or local laws.

PERSONAL INFORMATION

Date ____/____/____

Name _____ Home Phone (____) _____
LAST FIRST MIDDLE

Present Address _____
NO. STREET APT NO. CITY STATE ZIP

In case of an emergency contact: _____
NAME PHONE NUMBER

For what position are you applying? _____

If hired, can you furnish proof that you are of legal age to work in this state?..... Yes No

Are you a U.S. Citizen, or can you provide evidence of your legal right to work in the U.S.?..... Yes No

Have you ever worked for this Company before? Yes No

If yes, please give the dates and position: _____

How did you hear about employment with Strategic Operations? _____

Do you have any relatives working at Strategic Operations? Yes No

If yes, please note department and relationship: _____

What rate of pay are you expecting? _____

EDUCATION

School Name	Years Completed (Circle)	Diploma or Degree	Describe Course of Study or Major	Describe Specialized Training/Experience/Skills
High School	9 10 11 12			
College/University:	1 2 3 4			
Other:				

Do you have adequate transportation to and from work?..... Yes No

Are you available to work holidays and weekends? Yes No

We may conduct training on days, or at times, you have other obligations. Is your schedule flexible so you may come to training? Yes No

Are you, or do you plan to be, in school or taking courses at any time while working here? Yes No

MILITARY EXPERIENCE

Have you ever served in a Branch of the Service?..... Yes No

Branch of Service: _____ From: _____ To: _____ Rank at Discharge _____

Are you still an Active Member?..... Yes No

RELATED QUESTIONS

Have you ever pled guilty, or no contest to, or been convicted of any felony? Yes No

If yes, please give the date(s) and details _____

YOU MAY OMIT: 1) Information concerning an arrest or detention that did not result in conviction, and information concerning a referral to, and participation in, any pre-trial or post-trial diversion program; and 2) any conviction for which the record has been judicially ordered sealed, expunged, or statutorily eradicated; any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and judicially dismissed; and 3) any conviction for a non violent drug possession offense if you have successfully completed drug treatment and the court has set aside the conviction; and 4) any marijuana related offenses that occurred over two years ago. **A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT.**

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first, for the past five years. Be sure to account for all periods of time including military service and any period of unemployment. Should you need additional space, please use an additional sheet of paper.

Name of Present or Last Employer Pay Address City, State, Zip Code	Name and Title of Last Supervisor	Dates Employed		
		From: Mo: _____ Year: ____	To: Mo: ____ Year: ____	Start \$ _____ Final \$ _____
Telephone Area Code ()				
Title/Duties		Exact Reason for leaving		

Name of Employer Pay Address City, State, Zip Code	Name and Title of Last Supervisor	Dates Employed		
		From: Mo: _____ Year: ____	To: Mo: ____ Year: ____	Start \$ _____ Final \$ _____
Telephone Area Code ()				
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Telephone Area Code ()				
Title/Duties		Exact Reason for leaving		

May we contact your current employer? Yes No
 If no, please explain: _____

Have you ever been terminated or asked to resign from any job? Yes No
 If yes, please explain circumstances: _____

APPLICANT ACKNOWLEDGEMENT AND CONSENT

Thank you for your interest in employment with Strategic Operations. We have a strong commitment to provide a workplace free of alcohol and illegal drugs. It is our intention to provide a healthy and safe workplace for all of our employees as well as maintaining an environment conducive to excellent service to our many clients. In keeping with this commitment, we have a policy prohibiting illegal drugs and alcohol in the workplace. Your signature gives your consent to provide necessary samples at a designated facility, consent to have such samples tested for the presence of drugs and alcohol, and authorizes the release of test results to the designated representative of Strategic Operations for its use in evaluating you for employment.

I understand and agree that this application for employment does not create a contract for employment or a guarantee of employment. I understand and agree that if I am hired, my employment is At-Will which means that my employment is for no definite period of time and either the Company or I may terminate the employment relationship with or without cause at any time, with or without advance notice.

_____ Initials

_____ Initials

ONLY COMPLETED APPLICATIONS, INCLUDING THE SIGNED CONSENT AND STATEMENT AGREEMENT WILL BE CONSIDERED FOR EMPLOYMENT.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE ACKNOWLEDGEMENT AND CONSENT. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK A COMPANY REPRESENTATIVE BEFORE SIGNING.

MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ AND UNDERSTAND THE FOREGOING AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION ON THIS FORM IS TRUE AND CORRECT.

Applicant's Signature _____ Date _____