

SeyferthPR Inc.

PERSONAL INFORMATION *please print or type*

| | | | |
|--|------------------|------------------|---|
| Full Name (Last) | | (First) | (Middle Initial) |
| Address | | City/State | Zip Code |
| Time at current Address: | Previous Address | | Time at previous Address: |
| Social Security Number | | Telephone Number | Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe any physical, medical or mental impairment which would interfere with your ability to do the type of work applied for. | | | |
| | | | |
| If you have been convicted of a crime, state the date, place and nature of the offense. | | | |
| | | | |
| List the number of accidents and driving tickets (speeding, DWI, ignoring a stop sign, etc.) and the date of each within the last THREE YEARS , regardless of whether or not points were assigned. <u>*NOTE: Be accurate. Because opportunities come up for employees to travel on company business, all employees' driving records must be approved by the automobile insurance carrier for Seyferth Spaulding Tennyson Inc. The approval of your driving record would be necessary for employment - SST will obtain your driving history record and verify what you report here.</u> | | | |
| | | | |
| NAME AS IT APPEARS ON YOUR LICENSE _____ | | | |
| DRIVERS LICENSE NO. _____ | | | |

EDUCATION

| | | |
|---|--------------------------|---|
| High School | Dates attended | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| City/State | Field of study | Average grade |
| College or University | Dates attended | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| City/State | Field of study | Average Grade Degree obtained |
| College or University | Dates attended | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| City/State | Field of study | Average Grade Degree obtained |
| Business or Trade School | Dates attended | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| City/State | Field of study | Average Grade Degree obtained |
| Professional associations or organizations; academic achievements, awards and scholarships; volunteer work experience; extra-curricular activities, school office held. | | |
| | | |
| | | |
| Special skills not covered above | Foreign language ability | |

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U.S. MILITARY SERVICE Have you served as a member of the U.S. Armed Forces? Yes No

| | | |
|------------------------------|----------------|----------------|
| Dates of regular Active duty | Branch/service | Rank/specialty |
| Dates of reserve Active duty | Branch/service | Rank/specialty |

WORK DESIRED

| | |
|--|---|
| What type of work are you applying For (please be specific) | |
| Other position you feel qualified For or are interested in | |
| Type of Employment <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> co-op/intern <input type="checkbox"/> summer <input type="checkbox"/> call-in | Shift Preferred <input type="checkbox"/> Day <input type="checkbox"/> Afternoon/Evening <input type="checkbox"/> Night |

WORK EXPERIENCE *Please complete this section even if you have attached a resume*

| | | |
|--|-----------|--|
| Current or last employer | Telephone | Dates of employment (month/year) From / to / |
| Address | | Supervisor |
| Position title and nature of work | | Salary |
| Reason for leaving or Wanting to leave | | |
| Previous employer | Telephone | Dates of employment (month/year) From / to / |
| Address | | Supervisor |
| Position and nature of work | | Salary |
| Reason for leaving or Wanting to leave | | |
| Previous employer | Telephone | Dates of employment (month/year) From / to / |
| Address | | Supervisor |
| Position and nature of work | | Salary |
| Reason for leaving or Wanting to leave | | |

EMPLOYMENT REFERENCES

| | |
|---------------|---|
| 1-Name | Telephone |
| Address | Relationship Years Known |
| Occupation | Firm/organization |
| 2-Name | Telephone |
| Address | Relationship Years Known |
| Occupation | Firm/organization |
| 3-Name | Telephone |
| Address | Relationship Years Known |
| Occupation | Firm/organization |