



APPLICATION FOR EMPLOYMENT

THIS IS A DRUG FREE WORKPLACE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the applicant process, or if discovered after employment, terminating employment. This organization does not discriminate and all qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, color, religion, national origin, presence of disabilities, protected veteran's status, on the basis of age against persons who are forty years of age or over, or on the basis of any other legally impermissible reason. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants.

PLEASE PRINT: All blanks must be completed; "see resume" is not permissible.

IDENTIFICATION	LAST NAME		FIRST NAME		MIDDLE NAME		OTHER NAMES USED (do not include nicknames)		
	PREFERRED NAME		CURRENT STREET ADDRESS		CITY		STATE	ZIP CODE	
	HOME TELEPHONE NUMBER ()		MOBILE PHONE NUMBER ()		EMAIL ADDRESS		SOCIAL SECURITY NUMBER		
	Have you resided at your current address for the past seven (7) years? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, list your addresses for the past seven (7) years.								
	PREVIOUS HOME ADDRESS (No., Street, Apt. No.)		CITY	STATE	ZIP CODE	COUNTY	FROM (MM-YY) / TO (MM-YY)		
	PREVIOUS HOME ADDRESS (No., Street, Apt. No.)		CITY	STATE	ZIP CODE	COUNTY	FROM (MM-YY) / TO (MM-YY)		
	How did you hear about our company?								
	Have you ever worked for an affiliate of Service Corporation International (SCI)? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list the name of the facility(s) and the dates of prior employment.								
	Do you have any relatives who currently work for an SCI affiliated company? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please identify them below:								
	Name of relative _____		Location _____		Current Role _____				
Name of relative _____		Location _____		Current Role _____					
If hired, can you provide proof of eligibility to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO									

PERSONAL	Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> YES <input type="checkbox"/> NO (Conviction will not necessarily disqualify an applicant from employment.) If YES, please provide date, city & state, date and details of conviction. CALIFORNIA APPLICANTS ONLY: Applicant may omit marijuana-related convictions if such convictions are more than two (2) years old, and any information concerning a referral to, and participation in, any pretrial or post trial diversion program.							
	Have you ever been bonded? <input type="checkbox"/> YES <input type="checkbox"/> NO				Have you ever been refused a bond? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	If refused bond, give name of employer.							
	What position are you applying for?						Date available to start:	
	FULL-TIME <input type="checkbox"/> YES <input type="checkbox"/> NO		PART-TIME <input type="checkbox"/> YES <input type="checkbox"/> NO		SHIFTWORK <input type="checkbox"/> YES <input type="checkbox"/> NO			
	Are you under 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO				Can you travel if your job requires it? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	Foreign Language Skills: Please specify language and level of proficiency for each (Basic, Moderate, Fluent). SPEAK: _____ READ: _____ WRITE: _____							
	Software Applications: Please list software applications and level of proficiency for each (Beginner, Intermediate, Expert). _____ _____							
List heavy machinery you are certified to operate: _____								



APPLICATION FOR EMPLOYMENT

EDUCATION	SCHOOL NAME	CITY, STATE, ZIP CODE	MAJOR/MINOR	DATES ATTENDED	DEGREE
	HIGH SCHOOL/GENERAL EDUCATION DEVELOPMENT INSTITUTION			NOT REQUIRED	<input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> NONE
	UNDERGRADUATE COLLEGE				
	GRADUATE COLLEGE				
	PROFESSIONAL TRADE, BUSINESS, TECHNICAL, OR OTHER				
	Describe any other job-related training received in the United States Military, military services from other countries, or other job-related skills, certificates, licenses and other qualifications acquired from employment or other experience.				
List academic, professional, trade, business or civic activities and offices held. You may exclude memberships which may reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.					

REFERENCES	PERSONS FAMILIAR WITH YOUR WORK OR ACADEMIC BACKGROUND. PLEASE LIST THREE EXCLUDING FORMER SUPERVISORS.			
	NAME	POSITION AND COMPANY	EMAIL ADDRESS	TELEPHONE NUMBER
				()
				()
			()	

EMPLOYMENT DATA	LAST TWO EMPLOYERS BEGINNING WITH PRESENT OR MOST RECENT		
	NAME AND ADDRESS OF CURRENT OR LAST EMPLOYER <i>(include street address, city & state, and zip code)</i>	TELEPHONE ()	SUPERVISOR NAME AND TITLE
		STARTING PAY RATE	EMPLOYED FROM MO/YR
	YOUR JOB TITLE	FINAL PAY RATE	EMPLOYED TO MO/YR
	WORK PERFORMED	REASON FOR LEAVING	
	If still employed, may we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	NAME AND ADDRESS OF EMPLOYER <i>(include street address, city & state, and zip code)</i>	TELEPHONE ()	SUPERVISOR NAME AND TITLE
		STARTING PAY RATE	EMPLOYED FROM MO/YR
	YOUR JOB TITLE	FINAL PAY RATE	EMPLOYED TO MO/YR
	WORK PERFORMED	REASON FOR LEAVING	

LICENSES	PLEASE LIST ALL LICENSES YOU HOLD				
	TYPE OF LICENSE	STATE	LICENSE NUMBER	NAME ON LICENSE	IS YOUR LICENSE IN GOOD STANDING?



APPLICATION FOR EMPLOYMENT

NOTICE AND ACKNOWLEDGEMENT CONCERNING DRUG-TESTING POLICY

This is to inform you that the Company will conduct testing where permitted to identify job applicants who may be using illegal drugs and current employees who may be under the influence of illegal drugs and/or alcohol in the workplace. You must be willing to submit to drug tests to detect the use of illegal drugs prior to and during employment. You have the right to refuse to undergo testing. However, an applicant's or employee's refusal to undergo testing will result in the termination of the pre-employment selection process, and an associate's refusal to undergo testing will result in disciplinary action up to and including discharge. An applicant who fails a test will not be hired and an associate who fails a test will be subject to disciplinary action up to and including discharge.

Acknowledgement: I have read and understand the above written notice.

PRINTED NAME OF APPLICANT

APPLICANT'S SIGNATURE

DATE

READ THOROUGHLY BEFORE SIGNING

I certify that all information contained in this Application for Employment is true and complete. Any incorrect or misleading statement(s) will render this application void. I understand that this application will remain in effect for 90 days from the date it is submitted. I must renew my application to be considered for other job openings after 90 days. I understand that completion of this application does not constitute an offer or promise of employment. I authorize the Company to contact my References and understand that, as a condition of employment, the Company will require successful completion of a background check that complies with the Company's pre-employment screening policies. I have or will be provided a Background Investigation Release form which contains a disclosure under the Fair Credit Reporting Act and Associate's authorization and general release under FCRA which I have read/will read before signing.

I understand that the company, at its own expense, arranges for a surety bond for certain categories of associates. I understand that unless my background is acceptable to a surety company, it will be difficult to secure this bond and the Company may be unable to offer me employment in any position for which such a bond is required.

I understand that I am responsible for being familiar with the Company's policies, rules and regulations, and I understand that the Company has complete discretion to modify its policies, rules, regulations and practices at any time, to the extent permitted by federal, state and local law, except that it will not modify its policy of employment at will. By my continued employment with the Company, I consent to any such changes.

I agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the Company, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the Company, whether during or after that employment, **will** be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association.

In the event of my appointment to a position, I shall comply with all company policies and procedures. It is understood and agreed that any misrepresentation, omission or false statement that I make in this application will be sufficient cause for the Company to withdraw an offer of employment and/or terminate my employment.

If hired, I will be an At-Will employee and understand that my employment can be terminated by either party at any time with or without cause or notice.

APPLICANT'S SIGNATURE

DATE

OFFICE USE ONLY

CANDIDATE BACKGROUND INVESTIGATION REQUESTS

REQUESTOR INFORMATION: To be completed by Hiring Manager or Supervisor

Requested by _____ Candidate's Name _____

Location # Market _____ Position Being Filled _____

Date Requested _____ New Hire Rehire

Background Request: Management
 Administrative
 Technical
 Special Request _____

Release investigative results to _____ Telephone # () _____

To be completed by Background Investigation Processor

Processed by _____ Date Submitted _____

Processor Phone # () _____ GIS Work Order # _____

Date Results Received _____ Date Communicated to Requestor _____