

# STRUCTURAL ENGINEERING AND INSPECTIONS, INC. S E I

## Application

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last / First / Middle)

Address: \_\_\_\_\_  
(No. Street / City / State / Zip)

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

**SEI hires only non-tobacco users, no smoking, no exception.** Do you Smoke?  Yes  No

If hired, can you provide written evidence that you are authorized to work in the U.S.?  Yes  No

### EDUCATION

Type	Name/Location	Course of Study	# Years Completed	Degree/Diploma
Elementary & Jr. High	_____	_____	_____	_____
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Technical or Other	_____	_____	_____	_____

### EMPLOYMENT RECORD

Company Name and address	Date: Started/Left	Rate of Pay	Reason for Leaving
1) _____	_____	_____	_____
Work Performed:			
2) _____	_____	_____	_____
Work Performed:			
3) _____	_____	_____	_____
Work Performed:			
4) _____	_____	_____	_____
Work Performed:			

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## U.S. MILITARY SERVICE

Branch of Service \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Rank and Type of Service \_\_\_\_\_

Training/Experience Received \_\_\_\_\_

## REFERENCES (Do Not Include Relatives)

Name/ Occupation/ Years/ Known Address

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## EMPLOYMENT

Type of Work Desired \_\_\_\_\_ Salary Desired \_\_\_\_\_

How Were You Referred To Our Organization? \_\_\_\_\_

Do You Have Any Relatives Who Are Employed By This Organization?  Yes  No

Please Specify : \_\_\_\_\_

Is there any information we would need about your name, or use of another name, for us to be able to check your work record?  Yes  No

Please Specify : \_\_\_\_\_

Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional memberships, hobbies, etc.

\_\_\_\_\_

\_\_\_\_\_

Anticipated days off during the next 3 months: \_\_\_\_\_

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## APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment. I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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