

# Sal Grosso

## APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

**SEND BY FAX TO 770-8501545**

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veteran's status, sex, national origin, sexual orientation, disability, or any other legally protected status.

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### Personal Information

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Name (please print) \_\_\_\_\_ Phone # \_\_\_\_\_  
Present Address \_\_\_\_\_  
Previous Address \_\_\_\_\_  
Are you over 18 years of age? \_\_\_ **Yes** \_\_\_ **No**  
Position(s) applied for \_\_\_\_\_  
How soon could you report to work? \_\_\_\_\_ Expected salary: \_\_\_\_\_  
Type of employment: FULL TIME PART TIME TERMPORARY  
(CIRCLE ONE OF THE ABOVE)  
What days and hours if part time? Days \_\_\_\_\_ Hours \_\_\_\_\_  
FROM ( ) AM ( ) PM TO ( ) AM ( ) PM

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### Education

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Type of School	Name and Address of School	Courses Majored In	Check last year Completed	Graduate? Give Degrees
Elementary _____			5 6 7 8 _____	
High School _____			9 10 11 12 _____	
College _____			1 2 3 4 _____	

Have you applied for a job with Sagro, LLC. before? \_\_\_ **Yes** \_\_\_ **No**  
Have you ever worked for Sagro, LLC. before? \_\_\_ **Yes** \_\_\_ **No**  
If so, state reason for leaving and date \_\_\_\_\_  
Have you ever served in the U.S. Armed Forces? \_\_\_ **Yes** \_\_\_ **No** If yes, branch: \_\_\_\_\_  
Date entered \_\_\_\_\_ Date Discharged \_\_\_\_\_  
Describe any Military training you consider important for the job \_\_\_\_\_  
Have you ever been convicted of a crime except a minor traffic violation? \_\_\_ **Yes** \_\_\_ **No**  
If so, state citation, date, court, and place \_\_\_\_\_  
Where offense occurred \_\_\_\_\_  
Are you employed now? \_\_\_ **Yes** \_\_\_ **No**  
Why do you desire to make a change? \_\_\_\_\_  
Have you held a position of trust (handling money or confidential material)? \_\_\_ **Yes** \_\_\_ **No**

#### For Job Applicant's Use:

If any questions answered yes, give details in this space...

**PRIOR WORK RECORD (Start with the most recent or present employer and complete in full)**

1. Name and Address of Most Recent Employer Phone # \_\_\_\_\_  
Immediate Supervisor (Name and Position) Date Hired \_\_\_\_\_  
Job Title and Duties Date Left \_\_\_\_\_  
Reason for Leaving May we contact this employer?  Yes  No

2. Name and Address of Most Recent Employer Phone # \_\_\_\_\_  
Immediate Supervisor (Name and Position) Date Hired \_\_\_\_\_  
Job Title and Duties Date Left \_\_\_\_\_  
Reason for Leaving May we contact this employer?  Yes  No

3. Name and Address of Most Recent Employer Phone # \_\_\_\_\_  
Immediate Supervisor (Name and Position) Date Hired \_\_\_\_\_  
Job Title and Duties Date Left \_\_\_\_\_  
Reason for Leaving May we contact this employer?  Yes  No

Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References**

**(Do not list relatives or former employers)**

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

**Statement (Please read carefully before signing below)**

I certify the facts set forth in my application are true and complete. I understand that, if employed, false statements on this application may result in dismissal. I understand that Sagro, LLC. may procure an investigative consumer report that may include information as to my character, general reputation, personal characteristics, and mode of living, and that I have a right to receive, upon written request, a description of the nature and scope of any such investigation. I authorize Sagro, LLC. to check all personal and employment references and to verify all information I have included on this application form.

I understand that this application, Sagro, LLC. policies, practices, and procedures, and all other communication distributed to me by the Sagro, LLC. does not constitute or supplement any contract of employment. If I am hired, I understand that all benefits, policies, and procedures may be changed by Sagro, LLC. at any time, with or without notice. I further understand that I have the option to terminate my employment relationship with Sagro, LLC. with or without cause and without notice at any time, and that Sagro, LLC. retains a similar right. I understand that this application will be kept on active file for 30 days from the date completed, after which time I would have to reapply in accordance with established company procedures.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date