

Sentinel Building Systems

237 S. 4th Street

P.O. Box 348

Albion, NE 68620

PH: 402.395.5076 TF: 800.327.0790

hrdept@sentinelbuildings.com

APPLICATION FOR EMPLOYMENT

Sentinel Building Systems is an Equal Opportunity Employer

The following information is requested to help us make the best possible placement within our Company. Please complete all portions of this application.

In compliance with State and Federal laws, the Company does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, physical or mental handicap, or arrest record. The Company is required by law, by virtue of its contract(s) with the federal government, to take affirmative action to employ women, minorities, otherwise-qualified handicapped individuals, and Vietnam-era and disabled veterans.

Title 15 Section 1681(d) United States Code requires that we advise you that an inquiry may be made into your background. Please read the following authorization to make such an inquiry before signing.

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I AUTHORIZE the Company to investigate information concerning my previous employment and education. I further AUTHORIZE those persons and companies referenced herein to provide information to you, and I hereby release such parties from all liability for any damage that may result from furnishing such information.

I hereby acknowledge that I have been informed by the Company that upon written request, disclosure concerning the complete nature and scope of any investigation into my background will be made available within five days after the Company receives my request for such information. I do understand that

the Company is not required to disclose the contents of the investigation report, but only the fact that one was requested and the type of information included.

I further understand that if I terminate my employment within the first 90 days from my date of hire, I will be required to reimburse the Company for the cost of any pre-employment physical. I further agree that reimbursement will be through payroll deduction from my final paycheck.

NOTE: As a final step in the hiring process, an applicant may be subject to a pre-employment health review that may include screening for illegal drugs. Applicants who confirm positive on drug screenings will not be considered for employment. If a job offer is made, it will be made contingent upon the successful passing of a physical.

I certify that the information contained in this application is correct to the best of my knowledge. I understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from employment in accordance with Company policy. I agree to conform to Company rules and regulations. I understand that my employment and compensation can be terminated, with or without cause, and with or without notice at any time, by the Company or by myself.

I further understand that no personnel recruiter or interviewer or other representative of the Company, other than the President, or Vice President of Personnel, has any authority to enter into any agreement for employment for any specified period of time.

Authorization signature of applicant

Date

PERSONAL DATA (Please print)

 Name (Last) (First) (Middle)

 Address (Street - Apartment Number, if applicable)

 (City) (State) (Postal Code)

Telephone

Alternate Telephone

GENERAL INFORMATION (Please circle all Yes/No answers)

1. Are you legally entitled to work in the United States? YES NO
2. Are you under 18? YES NO
3. How were you referred to the Company? _____
4. Have you ever applied for a job with the Company? YES NO
5. If "yes," when and where? _____
6. Have you ever worked for Sentinel Building Systems? YES NO
7. If "yes," when and where? _____ Dept _____ Supervisor _____
8. Type of employment desired: Full-time _____ Part-Time _____ Temporary _____
9. Position for which you're applying: _____ Wage/salary expected: \$ _____ per _____
10. Other positions for which you'd like to be considered: _____
11. Can you work overtime? YES NO
12. Can you work shifts? YES NO
13. Have you changed your name other than marriage? YES NO
14. If injured, will you accept the medical facilities recommended by your employer? YES NO

JOB REQUIREMENTS

Do you believe you are capable of performing "the essential functions of the job" for which you are applying?
 YES NO

If you answered "No" to this question, is there an accommodation we could make available that would allow you to successfully perform the essential functions of the job?

REFERENCES List persons (no relatives or past employers) who have knowledge of your character, experiences, and capability.

Name	Occupation	City, State	Telephone Number	Relationship
1. _____				
2. _____				
3. _____				

MILITARY SERVICE: Include Reserve Duty and any Military Training

Branch of Service: _____ From: _____ To: _____
(month / year) (month / year)

Type of Discharge: _____ Rank at Discharge: _____

Occupational Specialty: _____

Have you ever been granted a Security Clearance? YES NO

If YES, where granted? _____ By whom? _____

When granted? _____ Level of clearance: _____

EDUCATION Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Name of School	City, State	Graduated?		Major / Degree	Credit Hours	Grade Average
		Yes	No			
<i>High School</i>						
<i>Undergraduate college or university</i>						
<i>Graduate college or university</i>						
<i>Business/Trade School</i>						
<i>Other (Specify)</i>						

Driver's License Number	State	Expiration Date
In Case of Emergency who should be notified?		
Name: _____		
Relationship: _____		
Address: _____		
Telephone: _____		

Traffic Violation Record		
List all violations of traffic laws (other than parking) of which you were convicted or for which you forfeited bond or collateral within the last three years		
Date	City/State	Nature of Violation

WORK HISTORY

List ALL past employers. Start with the most recent. Use additional sheets, if necessary.

<i>Name of Company</i>	<i>From mo / yr</i>	<i>To mo / yr</i>	<i>Type of Business</i>	
<i>Job Title</i>	<i>Telephone</i>		<i>Immediate Supervisor</i>	
<i>Business Address (Street, City, State, Postal Code)</i>			<i>Earnings at hire date</i>	<i>Earnings at termination</i>
<i>Reason for Termination (Exact)</i>				
<i>Duties (Describe your work in detail)</i>				

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