



APPLICATION for EMPLOYMENT

LAST NAME		FIRST NAME		MI
MAILING ADDRESS		CITY	STATE	ZIP CODE
STREET ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP CODE
LANGUAGES SPOKEN		CONTACT PHONE	CELL / MESSAGE PHONE	
EMAIL ADDRESS			EMERGENCY CONTACT NAME & PHONE:	
ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, DO YOU HAVE A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU WORKED OR VOLUNTEERED WITH SCIENCEWORKS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, GIVE DATE		DATE AVAILABLE TO BEGIN WORK:
POSITION DESIRED: 1)		DESIRED WAGE	<input type="checkbox"/> AVAILABLE LONG TERM <input type="checkbox"/> AVAILABLE SHORT TERM <input type="checkbox"/> AVAILABLE TEMP TO REGULAR POSITION	
2)				
3)			SHIFTS AVAILABLE: <input type="checkbox"/> WEEKDAYS <input type="checkbox"/> AM <input type="checkbox"/> WEEKENDS <input type="checkbox"/> PM	HOURS PREFERRED:
DAYS AVAILABLE : <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY				

EMPLOYMENT HISTORY

LAST EMPLOYER		TITLE		
ADDRESS		DUTIES		
CITY	STATE	ZIP		
SUPERVISOR(S)		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES: FROM	TO
TELEPHONE	REASON FOR LEAVING			
COMMENTS				
EMPLOYER (2)		TITLE		
ADDRESS		DUTIES		
CITY	STATE	ZIP		
SUPERVISOR(S)		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES	TO
TELEPHONE	REASON FOR LEAVING			
COMMENTS				
EMPLOYER (3)		TITLE		
ADDRESS		DUTIES		
CITY	STATE	ZIP		
SUPERVISOR(S)		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES	TO
TELEPHONE	REASON FOR LEAVING			
COMMENTS				

JOB SKILLS

LIST RELEVANT JOB SKILLS

EDUCATION

	INSTITUTION	CITY, STATE	FIELD OF STUDY
<input type="checkbox"/>	High School Grad		
<input type="checkbox"/>	Trade School		
<input type="checkbox"/>	GED		
<input type="checkbox"/>	AA/AS Degree		
<input type="checkbox"/>	BA/BS Degree		
<input type="checkbox"/>	Masters		
<input type="checkbox"/>	Ph.D.		

ALCOHOL and DRUG POLICY STATEMENT

ScienceWorks has a vital interest in ensuring a safe, healthy and efficient working environment for our employees, their co-workers and the customers we serve. Using alcohol or other intoxicating drugs in the workplace presents a danger to everyone. For these reasons, we have established as a condition of employment and continued employment with ScienceWorks, the following Substance Abuse policy.

ScienceWorks understands that there is a difference between substance use and substance abuse, and that use isn't necessarily abuse. Employees are free to make their own lifestyle choices when not in the workplace or otherwise on ScienceWorks time. However, such choices must not be allowed to interfere with job performance. Employees are prohibited from reporting to work or working while under the influence of alcohol and/or other drugs that adversely affect the employee's ability to safely perform his or her job duties. Employees are further prohibited from consuming alcohol or other intoxicants during working hours, including meal and break periods. ScienceWorks does not engage in random drug testing of employees. Employee substance abuse problems will be identified by issues with conduct and measures of performance.

Employees taking any prescriptions (excluding medical marijuana) or over-the-counter medication that include a warning label (dizziness, drowsiness, or any other impairments) must discuss with their healthcare provider how the use of the medicine may impact the ability to safely perform their job, or may affect the safety or well-being of others. In addition, immediately before starting or resuming work you must notify a manager that you are using a medicine with a warning label. You do not need to disclose the name of the medicine or the reason for using the medicine. It is your responsibility to confer with your healthcare provider to determine whether the prescribed medicine or other medication may impair job performance. Upon request, employees are required to provide a medical authorization to work. Failure to comply with the foregoing substance abuse policy may be subject to corrective action up to an including termination of employment.

EQUAL EMPLOYMENT OPPORTUNITY POLICY

We are committed to providing equal employment opportunities to all employees and applicants without regard to race (including traits historically associated with race, such as hair texture and protective hairstyles, including braids, locks, and twists), ethnicity, religion, color, sex (including childbirth, breast feeding and related medical conditions), gender, gender identity or expression, sexual orientation, national origin, ancestry, citizenship status, uniform service member and veteran status, marital status, pregnancy, age, protected medical condition, genetic information, disability or any other protected status in accordance with all applicable federal, state and local laws.

ACKNOWLEDGEMENT AND AGREEMENT

I understand that nothing contained in this employment application creates a contract between the company and myself for employment or any other benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the company. If an employment relationship is established, I understand that my employment is at-will and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the company or myself. I also understand that I am required to abide by all of the rules and regulations of the company.

I hereby state that all the information that I have provided on this application or any other documents completed in connection with my employment, and in any interview, is true and accurate. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any information provided to the Company is found to be false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

MEDICAL EVALUATIONS, SCREENING AND TESTING

I understand that the Company may require me to submit to a test for the presence of drugs and/or alcohol at any time during my employment, to the extent permitted by law. I also understand that any offer of employment is contingent upon the passing of a background check. I consent to the disclosure of the results of any related tests to the Company, and I agree to execute all required authorizations for a background check.

SIGNATURE _____

DATE _____