

In compliance with Federal and State Equal Employment Opportunity Laws all qualified applicants, including disabled veterans of the Vietnam era, will be considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related disability.

Position Applied For \_\_\_\_\_ Date Of Application \_\_\_\_\_

First Name		M.I	Last Name	
Street Address		City	State	Zip
Date of Birth	Telephone		If no phone, how may we contact you?	
Permanent address (if different from above)				
Have you ever been employed by Sugiyoo USA? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, department: _____ Date(s): _____				

Are you known to schools/references by another name?  No  Yes Name: \_\_\_\_\_

Type of employment desired:  long term  temporary  full time  part time

Are you available to work all shifts, any day of the week?  No  Yes

After reviewing the essential functions of the job description, are you able to perform them with or without reasonable accommodation?  No  Yes

If testing is required, will you need an accommodation for the testing process?  No  Yes

If requested, can proof of citizenship, visa, or alien registration be provided?  No  Yes

Will visa or immigration status prevent lawful employment?  No  Yes

Have you been convicted of a violation of the law (other than parking violations) or released from prison within the last seven (7) years?  No  Yes (existence of a conviction will not necessarily bar you from employment)

Please explain: \_\_\_\_\_

EDUCATION						
Name of High School Attended		City	State	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Names of Colleges or Universities	Major	Dates Attended		Full years Completed	Degrees	
		From	To		Title	Dates
List any vocational or on-the job training you have completed which would be useful in the position you are applying for:						
List any licenses you hold which are necessary or useful in this position. Give kind of license, issuing state and expiration date:						
List relevant skills and/or machinery and equipment you operate:						

**EMPLOYMENT HISTORY** – List positions held during the last seven (7) years. Begin with present or last job. Include military service and periods of unemployment of a month or more. Be as complete as possible in outlining the duties of each position. Failure to do so may effect the credit you receive for experience, or your status as an employee, if hired.

Employed by: (Agency or Firm)	Your Duties:
City & State	
Supervisor's Name	
Supervisor's Telephone Number ( )	
Employed From (Mo./Yr.) To (Mo./Yr.)	
Starting Job title: Ending Job title:	
Starting salary \$ Final \$ Avg. Hrs/Wk.	
What did you like most about this job?	
Why did you leave this job?	
May we contact this employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Employed by: (Agency or Firm)	Your Duties:
City & State	
Supervisor's Name	
Supervisor's Telephone Number ( )	
Employed From (Mo./Yr.) To (Mo./Yr.)	
Starting Job title: Ending Job title:	
Starting salary \$ Final \$ Avg. Hrs/Wk.	
What did you like most about this job?	
Why did you leave this job?	
May we contact this employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Employed by: (Agency or Firm)	Your Duties:
City & State	
Supervisor's Name	
Supervisor's Telephone Number ( )	
Employed From (Mo./Yr.) To (Mo./Yr.)	
Starting Job title: Ending Job title:	
Starting salary \$ Final \$ Avg. Hrs/Wk.	
What did you like most about this job?	
Why did you leave this job?	
May we contact this employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Employed by: (Agency or Firm)	Your Duties:
City & State	
Supervisor's Name	
Supervisor's Telephone Number ( )	
Employed From (Mo./Yr.) To (Mo./Yr.)	
Starting Job title: Ending Job title:	
Starting salary \$ Final \$ Avg. Hrs/Wk.	
What did you like most about this job?	
Why did you leave this job?	
May we contact this employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Request additional forms to complete information if necessary

