

SUGIYO U.S.A., INC.
APPLICATION FOR EMPLOYMENT



In compliance with Federal and State Equal Employment Opportunity Laws all qualified applicants, including disabled veterans and veterans of the Vietnam era, will be considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, sexual orientation, protected genetic information, disability or any other protected status.

Position Applied For _____ Date of Application _____

First Name	M.I.	Last Name	
Street Address	City	State	Zip
Telephone:		Email Address:	
Mailing address (if different from above)			
Have you ever been employed by Sugiyo USA?		<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, department: _____ Date(s): _____
Have you ever applied to Sugiyo USA before?		<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, position: _____ Date(s): _____
Do you know anyone employed by Sugiyo USA?		<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, who: _____

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

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

Are you eligible to work in the United States? No Yes

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodations? No Yes

If selected for employment are you willing to submit to a background check? No Yes

Date you are available to start working: _____ Desired Salary: _____

EDUCATION			
Name of High School Attended	City		State
Did you graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes			
G.E.D.? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Name and Location of Colleges or Universities	Years Attended	Degree Received	Major/Subject
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/certifications you hold which are necessary or useful in this position:			
List relevant skills and/or machinery and equipment you operate:			

EMPLOYMENT HISTORY – Include your last ten (10) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

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:	
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:	
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:	
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:	
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

REFERENCES – give the name of 3 persons not related to you, whom you have known at least 3 years				
	Names/Title	Phone/Email	Company	Years known
1				
2				
3				

Hobbies and leisure time activities:

List any additional information you wish to have considered as part of this application:

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THE APPLICATION

Sugiyo U.S.A. is an equal opportunity employer. Sugiyo U.S.A. does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Sugiyo U.S.A. to hire me. If I am hired, I understand that either Sugiyo U.S.A. or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Sugiyo U.S.A. has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Sugiyo U.S.A. true and complete information on this application. No requested information has been concealed. I authorize Sugiyo U.S.A., to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature of Applicant

Date

This application is valid only for 90 days from the date signed and dated above.