



Office Supply
The runaround stops here.

SOS Office Supply
4722—50th St. SE
Grand Rapids, MI 49512
(616) 554-1300
FAX: (616) 554-1313
www.sosofficesupply.com

Application For Employment

PLEASE COMPLETE THE ENTIRE APPLICATION, THEN SIGN AND DATE IT WHERE INDICATED.

"SOS" OFFICE SUPPLY IS AN EQUAL OPPORTUNITY EMPLOYER AND WILL NOT DISCRIMINATE AGAINST ANY APPLICANT ON THE BASIS OF ANY CHARACTERISTIC THAT IS PROTECTED BY STATE OR FEDERAL LAW.

PERSONAL	Name: _____ Phone: (____) _____ <small>Last First Middle</small>
	Address: _____ <small>Street Apt. No. City State Zip</small>
	Are you: 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No Lawfully able to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of citizenship or immigration status will be required upon employment.</i>

MILITARY	Are you a Veteran of U.S. Military Service? _____ Date Entered: _____
	Branch: _____ Rank: _____ Date Discharged: _____ Honorably? _____ Presently in National Guard or Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No

CRIMINAL	Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please state crime, date and place where offense occurred and penalty or action taken: _____
	Are there currently any felony charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the date, charge, name and location of court and any actions still pending: _____

NOTE	DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.
	Are you able to perform the essential functions of the position for which you are applying with or without a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employment Desired

EMPLOYMENT	Type of employment desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp <input type="checkbox"/> Summer
	Position Desired: _____ Date You Can Start: _____ Salary Desired: _____
	Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____
	Under what name? _____
	Are there hours or days of the week that you cannot work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____
How were you referred to "SOS" Office Supply?	

Education and Training

EDUCATION	School	Name and Location of School	Number of Years Attended	Did You Graduate	Type of Degree/Diploma
	Grammar				
	High School				
	College				
	Trade, Business Or Correspondence				

TRAINING
List any training or licenses which are related to the position for which you have applied: _____
Special Skills: _____
List professional, trade, business or civic activities and offices held (exclude membership which would reveal Gender, race, religion, national origin, age, ancestry, disability or other protected status):

Work or Volunteer Experience

PLEASE DO NOT USE THE STATEMENT: "SEE RESUME" INCLUDE ALL EXPERIENCE.

MOST RECENT
Name of Employer: _____ Position: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Supervisor: _____
Employment Dates (mo/yr): _____ to _____ Rate of Pay: _____
Duties: _____
Reason for leaving: _____
May we contact this employer for reference information? <input type="checkbox"/> Yes <input type="checkbox"/> No

PREVIOUS
Name of Employer: _____ Position: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Supervisor: _____
Employment Dates (mo/yr): _____ to _____ Rate of Pay: _____
Duties: _____
Reason for leaving: _____
May we contact this employer for reference information? <input type="checkbox"/> Yes <input type="checkbox"/> No

Experience—continued

PREVIOUS	Name of Employer: _____	Position: _____
	Address: _____	Phone: _____
	City: _____	State: _____ Zip: _____
	Supervisor: _____	
	Employment Dates (mo/yr): _____ to _____	Rate of Pay: _____
	Duties: _____	
	Reason for leaving: _____	
May we contact this employer for reference information? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PREVIOUS	Name of Employer: _____	Position: _____
	Address: _____	Phone: _____
	City: _____	State: _____ Zip: _____
	Supervisor: _____	
	Employment Dates (mo/yr): _____ to _____	Rate of Pay: _____
	Duties: _____	
	Reason for leaving: _____	
May we contact this employer for reference information? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PREVIOUS	Name of Employer: _____	Position: _____
	Address: _____	Phone: _____
	City: _____	State: _____ Zip: _____
	Supervisor: _____	
	Employment Dates (mo/yr): _____ to _____	Rate of Pay: _____
	Duties: _____	
	Reason for leaving: _____	
May we contact this employer for reference information? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PREVIOUS	Name of Employer: _____	Position: _____
	Address: _____	Phone: _____
	City: _____	State: _____ Zip: _____
	Supervisor: _____	
	Employment Dates (mo/yr): _____ to _____	Rate of Pay: _____
	Duties: _____	
	Reason for leaving: _____	
May we contact this employer for reference information? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Experience—continued

PREVIOUS	Name of Employer: _____	Position: _____
	Address: _____	Phone: _____
	City: _____	State: _____ Zip: _____
	Supervisor: _____	
	Employment Dates (mo/yr): _____ to _____	Rate of Pay: _____
	Duties: _____	
Reason for leaving: _____		
May we contact this employer for reference information? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PREVIOUS	Name of Employer: _____	Position: _____
	Address: _____	Phone: _____
	City: _____	State: _____ Zip: _____
	Supervisor: _____	
	Employment Dates (mo/yr): _____ to _____	Rate of Pay: _____
	Duties: _____	
Reason for leaving: _____		
May we contact this employer for reference information? <input type="checkbox"/> Yes <input type="checkbox"/> No		

References

List three personal references, whom you have known for at least one year (not relatives or former employers)

ONE	Name: _____	Occupation: _____
	Address: _____	Phone: () _____

TWO	Name: _____	Occupation: _____
	Address: _____	Phone: () _____

THREE	Name: _____	Occupation: _____
	Address: _____	Phone: () _____

I verify that the information given by me in this application is true, accurate and complete. I understand that if I have given any false information on this application, or if I have omitted any material facts, I may be disqualified from employment with "SOS" Office Supply, or if hired, I may be discharged immediately upon discovery of such false statements or omissions, regardless of how much time has passed between the date of my hire and the discovery of such misrepresentations.

I understand that if hired, my employment is at-will, meaning that either the employer or I may end the employment relationship at any time with or without notice and with or without cause. This provision supercedes any oral or written representations to the contrary, unless the written statement is signed by the President of "SOS" Office Supply.

Signature Date

Please note that this application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. 092000