



Employment Application

Skandia, Inc. IS AN EQUAL OPPORTUNITY EMPLOYER AND YOUR RESPONSE TO ANY QUESTION WILL BE EVALUATED ON ITS RELEVANCE TO THE POSITION

Skandia, Inc. is a DRUG and ALCOHOL FREE workplace.

Personal Information - COMPLETE IN BLUE OR BLACK INK ONLY **Date of Application** ___/___/___

Name (Last)	(First)	(Middle)	Social Security No.	Salary Desired					
Home Address	City	State	Zip						
Home Telephone	Cell Phone	E-Mail Address	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Position Applying For: _____	Days and Hours Available	Day	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Date Available: _____ Are you interested in (check all that apply):		From							
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary		To							
How did you find out about this job?		Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> NO							
<input type="checkbox"/> Newspaper <input type="checkbox"/> Walk-In <input type="checkbox"/> Internet <input type="checkbox"/> Company Website <input type="checkbox"/> Other _____		What percent _____%							
<input type="checkbox"/> Referred by: _____		Do you have any relatives/friends working for Skandia? <input type="checkbox"/> Yes <input type="checkbox"/> No							

Legal

Are you a U.S. Citizen? Yes NO If no, do you have a legal right & necessary documents to work in the U.S.? Yes NO
Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986.

Were you ever discharged by any company? Yes NO If yes, give name of company(ies): _____
 Reason for discharge: _____

Within the past two years, have you failed or refused a DOT mandated drug or alcohol test? Yes NO
 If yes, please explain: _____

Within the past two years, have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules? Yes NO
 If yes, please explain: _____

Education

Type of School	Name and Location of School	Degree/Area of Study	Dates Attended	Graduated (Check One)
High School	Name _____ Address _____			Yes No
	City _____ State _____ Zip _____			<input type="checkbox"/> <input type="checkbox"/>
College	Name _____ Address _____			Yes No
	City _____ State _____ Zip _____			<input type="checkbox"/> <input type="checkbox"/>
Graduate / Professional	Name _____ Address _____			Yes No
	City _____ State _____ Zip _____			<input type="checkbox"/> <input type="checkbox"/>
Other (Specify)	Name _____ Address _____			Yes No
	City _____ State _____ Zip _____			<input type="checkbox"/> <input type="checkbox"/>

U.S. Military Service Are you currently on active and/or reserve military status? Active Yes NO Reserve Yes NO

Branch of Service	Technical Specialization	Rank Attained

(CONTINUED)

Release Date: 8.01.15

Language(s)	Fluent	Good	Fair

Special Skills

Typing Speed _____wpm	Internet Use <input type="checkbox"/> Yes <input type="checkbox"/> NO	PC Software/Other Equipment
	Spreadsheet Use <input type="checkbox"/> Yes <input type="checkbox"/> NO	

Employment History

Are you currently on "lay off" status and subject to recall? Yes NO If yes, with what employer? _____
 List employment starting with your most **recent** position. **May we contact your Present Employer?** Yes NO **Past Employer?** Yes NO

Please indicate if you were employed under a different name.
 List your employment for the last **10 years**. If you need additional space use a black sheet of paper.

DATES	NAME, ADDRESS AND PHONE OF EMPLOYER	POSITION HELD AND SUPERVISOR	LIST MAJOR DUTIES	SALARY or WAGES	REASON FOR LEAVING
From: _____/_____/_____ MO. YR.	Name Address City State	Your Job Title		Starting	
To: _____/_____/_____ MO. YR.	Phone Number ()	Supervisor		Final	
From: _____/_____/_____ MO. YR.	Name Address City State	Your Job Title		Starting	
To: _____/_____/_____ MO. YR.	Phone Number ()	Supervisor		Final	
From: _____/_____/_____ MO. YR.	Name Address City State	Your Job Title		Starting	
To: _____/_____/_____ MO. YR.	Phone Number ()	Supervisor		Final	
From: _____/_____/_____ MO. YR.	Name Address City State	Your Job Title		Starting	
To: _____/_____/_____ MO. YR.	Phone Number ()	Supervisor		Final	

Have you ever filled out a Skandia application? Yes NO If yes, when? _____
 Have you previously worked for Skandia? Yes N If yes, please enter the information below.

Name _____ Position Held _____
 Supervisor _____ Dates Employed: From _____ To _____
 Reason for Leaving _____

References

Professional References: Do not list relatives and please indicate if you were employed under a different name.

Name	Address	Contact Number #	Personal / Professional	Years known
		()		
		()		
		()		

(CONTINUED)

Alcohol and Drug-Free Workplace

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I understand that at all times, the manufacture, use, sale, possession, distribution or transfer of illegal drugs, controlled substances or unauthorized use of alcohol on premises is strictly prohibited and that failure to comply will result in termination. I have been informed that if I am being considered for employment or a conditional offer of employment is made, Skandia, Inc. corporate policy will require me to undergo drug testing to determine the presence of marijuana, cocaine, opiates, phencyclidine (PCP), and amphetamines, or a metabolite of these drugs in my system.

I understand that if I test positive in accordance with pre-employment anti-drug procedures, I will no longer be considered for employment, and any conditional offer of employment that I have received will be considered withdrawn. In the event that an "invalid" specimen is received, I will be required to immediately retake the test. Failure to do so as instructed will be considered a refusal and a voluntary withdrawal in the application process, and I will no longer be considered for employment. I also understand that if I test positive at any time, my employment will be terminated.

If I apply, or transfer into a "safety-sensitive" position as defined by the U.S. Department of Transportation, I will be required to answer specific drug and alcohol-related questions regarding my past safety-sensitive employers, or past safety-sensitive positions applied for and authorize the records of applicable previous employers to be released to Skandia, Inc. Failure to do so will disqualify me from employment with Skandia, Inc. under its Policy.

If employed by Skandia, Inc. and if by the definition of my position, or a work-related situation deems it necessary, I understand that I will also be subject to random, reasonable cause/suspicion, post-accident, post-mishap/unsafe action, return-to-duty and follow-up testing, as applicable, for the drugs listed above and/or for alcohol.

Please Read Carefully

In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, motor vehicle record, and/or criminal history. I authorize anyone possessing this information to furnish it to Skandia, Inc. and/or a 3rd party company upon request and I release anyone so authorized, Skandia, Inc., and any 3rd party company from all liability and damages whatsoever in furnishing, obtaining or using said information.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate termination regardless of when such falsification may be discovered. I understand, also, that I am required to abide by all rules and regulations of Skandia, Inc. and perform all duties assigned to me to the best of my ability.

I understand and agree that if employed, the employment will be "at will". That is, either I or Skandia, Inc. may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by Skandia, Inc. does not imply employment and that this application and/or any other Skandia, Inc. documents are not contracts of employment.

Upon termination of my employment for whatever reason, I release this company Skandia, Inc. from all liability for supplying any information concerning my employment to any potential employer. I have read and understand the above by signing below.

By signing this application I hereby certify that all answers given are true and correct, and understand the requirements regarding the Skandia, Inc. Alcohol and Drug-Free Workplace.

APPLICANT'S SIGNATURE: _____ DATE SIGNED: _____