



SIGNAL PEAK SILICA, LLC

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To learn more about Signal Peak, visit our website: www.spsilica.com or find us on LinkedIn

Application for Employment

Atascosa, TX Oakwood, OK Carrizo Springs, TX Dover, OK

SPS is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of eliminating or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

APPLICANT INFORMATION

APPLICANT NAME _____ DATE _____

POSITION(S) APPLIED FOR OR TYPE OF WORK DESIRED _____

ADDRESS _____

TELEPHONE # _____ EMAIL ADDRESS _____

EMPLOYMENT QUESTIONNAIRE:

DATE YOU WILL BE AVAILABLE TO START WORK: _____

ARE YOU ABLE TO MEET THE ATTENDANCE REQUIREMENTS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DO YOU HAVE ANY OBJECTION TO WORKING OVERTIME IF NECESSARY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CAN YOU TRAVEL IF REQUIRED BY THIS POSITION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU EVER BEEN PREVIOUSLY EMPLOYED BY OUR ORGANIZATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CAN YOU SUBMIT PROOF OF LEGAL EMPLOYMENT AUTHORIZATION AND IDENTITY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YOU ARE UNDER 19, CAN YOU FURNISH A WORK PERMIT IF IT IS REQUIRED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF A FELONY IN THE LAST 7 YEARS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

IF YES, PLEASE EXPLAIN (A CONVICTION WILL NOT AUTOMATICALLY BAR EMPLOYMENT): _____

WERE YOU REFERRED TO US? YES NO IF YES, HOW/BY WHOM? _____

EMPLOYMENT HISTORY:

Please provide all employment information for your past four employers starting with the most recent.

EMPLOYER _____ POSITION HELD _____

ADDRESS _____ TELEPHONE _____

IMMEDIATE SUPERVISOR _____ TITLE _____

to _____

DATES EMPLOYED _____ SALARY _____

JOB SUMMARY _____

REASON FOR LEAVING _____

EMPLOYER	POSITION HELD
ADDRESS	TELEPHONE
IMMEDIATE SUPERVISOR	TITLE
to	
DATES EMPLOYED	SALARY

JOB SUMMARY

REASON FOR LEAVING

EMPLOYER	POSITION HELD
ADDRESS	TELEPHONE
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DATES EMPLOYED	SALARY

JOB SUMMARY

REASON FOR LEAVING

EMPLOYER	POSITION HELD
ADDRESS	TELEPHONE
IMMEDIATE SUPERVISOR	TITLE
to	
DATES EMPLOYED	SALARY

JOB SUMMARY

REASON FOR LEAVING

Educational History

HIGH SCHOOL

COLLEGE

TECHNICAL TRAINING

OTHER

References

List 3 references with names, telephone numbers and years known (do not include relatives or employers):

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

APPLICANT SIGNATURE

DATE