

James A. Sewell & Associates, LLC
Application for Employment

Date: _____

Prospective employees will receive consideration without discrimination because of race, color, creed, sex, age or national origin. Each question should be fully and accurately answered. We request that you **COMPLETE IN DETAIL** the application. All information you provide will be kept confidential. **Incomplete applications will not be considered.**

Personal Information:

Social Security Number: _____

Name _____
Last First Middle

Present Address _____
Street City State Zip Code

Permanent Address _____
Street City State Zip Code

Home Phone Number _____

Employment Information:

Position desired _____ Salary desired _____

What status of employment are you seeking:

Full time Part Time Summer Internship Start Date _____

What percent of time are you willing to travel? _____

If not a U.S. citizen, do you have a non-academic visa which will permit you to work for any employer?

Yes No

If yes explain _____

Education:

Education	Name and Location of School	No. Years Completed	Did you Graduate?	Degree Subjects Studied/Major
High School			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
			<input type="checkbox"/> GED	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Date	
Trade Business, or Technical School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Date	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Date	

Professional Registrations/Certifications

Engineer in training? Yes No Surveyor in training? Yes No State _____

Professional Registration/Licenses _____ No. _____ Year Received _____
Types States

Certified Engineering Technician: AET CET SET

Professional/Technical Society Memberships _____

Do you have a valid driver's license? Yes No If yes, list State _____ # _____

Special Skills related to the desired position; include computer and software skills.

All employment positions require field work and travel to client locations, job sites, and training seminars.

Employment Are you employed now? Yes No
 If so, may we contact your present employer? Yes No
 May we contact your past employers? Yes No

Name of Employer		Job Title and Duties	
Address			
City, State, Zip Code		Dates of employment: From	To
		Annual base salary: Start \$	Final \$
Supervisor	Telephone	Additional compensation:	
		Reason for leaving.	
Name of Employer		Job Title and Duties	
Address			
City, State, Zip Code		Dates of employment: From	To
		Annual base salary: Start \$	Final \$
Supervisor	Telephone	Additional compensation:	
		Reason for leaving.	
Name of Employer		Job Title and Duties	
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City, State, Zip Code		Dates of employment: From	To
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Supervisor	Telephone	Additional compensation:	
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Name of Employer		Job Title and Duties	
Address			
City, State, Zip Code		Dates of employment: From	To
		Annual base salary: Start \$	Final \$
Supervisor	Telephone	Additional compensation:	
		Reason for leaving.	

References Give below the names of three persons we can use as reference checks other than relatives, whom you have known at least one year, preferably people familiar with your work.

Name	Address and Telephone	Type of Business and Business Telephone	Years Acquainted

AFFIDAVIT

Please Read Carefully Before Signing

I certify that all information provided in the employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand I may be required to successfully pass a drug screening examination and I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers, or omissions made by me in this questionnaire. I also authorize the companies, schools, or persons name above to give any information regarding my employment, character, and qualifications. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information. I understand that the employment relationship is at the mutual consent of the employee and James A. Sewell & Associates, LLC. Accordingly, either the employee or James A. Sewell & Associates, LLC may terminate the relationship at will, at any time, with or without cause or advance notice.

Signature _____

Date _____

EQUAL OPPORTUNITY EMPLOYER
 JAMES A. SEWELL & ASSOCIATES, LLC
 CONSULTING ENGINEERS

APPLICATION