



Superior Extrusion, Inc.
Committed to Your Success

Employment Application

Equal Opportunity Employer.
Pre-Employment Drug Screens are required.
(Please Print)

Last Name	First	Middle	Date of Application
Street Address			Home Phone:
City, State, Zip			Alternate Phone:
Position(s) applying for:			Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available for (check all that apply) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> 1st Shift <input type="checkbox"/> 2nd Shift <input type="checkbox"/> 3rd Shift		Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, driver's license number State issued	
Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When:			Date Available for Work
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where?			May We Contact Your Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain			
How did you hear about SEI?			

Education and Training					
School	Name and Location of School	Course of Study	Years Completed	Did You Graduate?	Diploma or Degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe any other special training or skills that you possess:					
List any machines or equipment that you are qualified or experienced at operating which are relevant to our Company needs:					

Work Experience - List present and former employers beginning with most recent			
Employer Address			Phone
From (Mo./Yr.)	To (Mo./Yr.)	Position	Supervisors Name
Rate of Pay	Reason For Leaving		
Employer Address			Phone
From (Mo./Yr.)	To (Mo./Yr.)	Position	Supervisors Name
Rate of Pay	Reason For Leaving		
Employer Address			Phone
From (Mo./Yr.)	To (Mo./Yr.)	Position	Supervisors Name
Rate of Pay	Reason For Leaving		

References - List below three personal or business references. People who are not related to you, whom you have known at least one year.			
Name	Address	Position	Phone
1.			
2.			
3.			

Authorization	
I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of my wages or salary, be terminated at any time without cause and without previous notice.	
Date	Signature

Please Fill This Form Out Completely. Thank You.

Office Use Only - Do Not Write Below This Line					
Interviewed By:	Date:	Hired:	Start Date:	Position:	Wages/Salary:
Available To Work Out Of Town:	Vehicle:	Preferred Hours:	Special Skills:		
Comments:					