

Site Services Group (SSG) is an Equal Opportunity Employer and is dedicated to the achievement of equality of opportunity for all applicants for employment without discrimination on the basis of race, color, ethnicity, religion, age, sex, national origin, disability or any other protected category under local, state or federal laws. No question on this application is asked for the purpose of limiting or excluding any applicant considered for employment by SSG.

Please be thorough when completing this application. Even after hire, the information you provide here and during the pre-employment process will be relied on by SSG as being true, complete, and accurate, for various purposes. Likewise, if you include your resume, make sure that you have provided all requested information including your employment, education, salary history, and references, and that your resume is true, complete and accurate.

Application Date:			Date Available for Work:		
First Name		Middle Name or Initial		Last Name	
Street		City		State	Zip Code
Home Phone ()	Business Phone ()	Cell Phone ()		Referred by:	
Position(s) Applying for: _____					
Pay Expected: _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time					
How did you learn of this position? <input type="checkbox"/> Website		<input type="checkbox"/> Other website: _____		<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Friend/Relative		<input type="checkbox"/> Employment Fair		<input type="checkbox"/> Employee: _____	
<input type="checkbox"/> Newspaper advertisement		<input type="checkbox"/> Job Center		<input type="checkbox"/> Other: _____	

Are you willing to work overtime? Yes No
 Are you willing to work weekends?..... Yes No
 Are you willing to travel as follows:.... Less than 50 miles? Yes NoBetween 50-100 miles? Yes No
 Are you legally authorized to work in the US? Yes No
 Are you 18 years of age or older? Yes No If not, do you have working papers?..... Yes No
 Have you applied for employment with SSG within the past year?..... Yes No
 If yes, date: _____ Position: _____
 Have you ever been employed with SSG or been assigned to SSG by a subcontractor?..... Yes No
 If yes, date: _____ Position: _____

I understand that any offer of employment by SSG is contingent upon screening of my work / school / criminal record and personal references. Criminal records may be verified by the State Police or FBI. An affirmative answer to question #2 below will not automatically disqualify you from employment.	
1. Have you been a resident of PA for the past two consecutive years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Have you ever been convicted of a felony or misdemeanor in any criminal or military court?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list all dates and offense below:	
Date(s):	_____
Offense(s):	_____
Disposition(s):	_____

EDUCATION HISTORY					
	Name & City/State	Course/Study	Number of Yrs. Completed	Graduate	List Degree(s)
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
graduate/Other Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

SPECIAL SKILLS

Plumbing Electrical Mechanical Carpentry AutoCAD Excavation Equipment Typing: _____ WPM
 Personal Computer Forklift Other:

Please list all Professional License(s) and/or Certification(s); include Organization, State where Issued, ID# and Expiration, if any.

All job offers for positions requiring the operation of a company vehicle will be contingent upon confirmation of a valid driver's license and driver's background check through the PA Department of Motor Vehicles. Do you possess a valid driver's license?.....

Yes No

Do you possess a valid commercial driver's license?.... Yes No

Issuing State & Drivers License Number: _____ Commercial License Class: _____

MILITARY (Complete this section if you served or currently serve in the U.S. Armed Forces)

Describe your duties and any special training which may be related to the position(s) for which you are applying:

Branch of Service:

Rank at Discharge:

EMPLOYMENT HISTORY: Start with present or most recent employer

1	Company Name	Telephone ()
	Address	Employed (month/year) From: To:
	Name/Title of Immediate Supervisor	Rate of Pay Start: Last:
	State Your Job Title/Describe Your Work	Reason for Leaving
2	Company Name	Telephone ()
	Address	Employed (month/year) From: To:
	Name/Title of Immediate Supervisor	Rate of Pay Start: Last:
	State Your Job Title/Describe Your Work	Reason for Leaving
3	Company Name	Telephone ()
	Address	Employed (month/year) From: To:
	Name/Title of Immediate Supervisor	Rate of Pay Start: Last:
	State Your Job Title/Describe Your Work	Reason for Leaving
4	Company Name	Telephone ()
	Address	Employed (month/year) From: To:
	Name/Title of Immediate Supervisor	Rate of Pay Start: Last:
	State Your Job Title/Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do Not Contact: Employer Number(s): _____ Reason: _____

REFERENCES: List four (4) supervisors, instructors, or other professional references. Do not include relatives.

Name	Address	Telephone Number

I understand that, in accepting this application, SSG is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered, nor does SSG's acceptance of this application imply employment. I understand that SSG does not guarantee employment for any specific length of time, regardless of quality of work. Therefore, I agree that, if hired, my employment may be terminated by SSG or me at any time, with or without notice or cause. I certify that I have fully, honestly, and accurately completed the application in its entirety. All statements made by me on this application are true, correct and complete to the best of my knowledge. I have not withheld anything whatsoever that would, if disclosed, affect this application unfavorably. I fully understand that any misrepresentation or omission in any part of this application, or in any subsequent other written documents that I am required to provide or complete in the course of employment with SSG may result in the cancellation of this application and, if I am already employed, may result in termination of my employment by SSG.

I hereby authorize SSG to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. Furthermore, I hereby authorize my former employers and former educators to disclose to SSG any and all information related to my past employment and education without giving me prior notice of such disclosure. I certify that I have not been convicted of any crime that would disqualify me from the position(s) for which I am applying and hereby authorize SSG to request, obtain and examine any and all records relating to a conviction and/or imprisonment for a misdemeanor or felony and all records related to my motor vehicle history. In addition, I hereby release SSG, my former employers, and all other persons, corporations, partnerships, associations and government agencies from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I understand that any offer of employment is conditioned on the completion of pre-employment tests, including drug testing. I understand that a satisfactory drug screen is a condition of employment with SSG. In consideration of my employment, I agree to conform to the policies and procedures of the company and any specific division policies and procedures. I agree that, if I accept employment with SSG, I will, as a pre-condition of such employment, produce authentic documents as required establishing my identity and work authorization and sign form I-9 (issued by the Federal Government) verifying, under oath, my employment eligibility. I hereby acknowledge that I have read the above statements and fully understand the terms thereof.

Signature: _____ Date: _____

Drug Screen Authorization and Consent

I hereby authorize and give full permission to have SSG and its authorized medical personnel conduct a screening test using S.A.M.H.S.A. standards for the presence of illegal drugs or prescription medication taken without a prescription. I will not sue or hold concerned parties responsible for any alleged harm to me or interfering with my obtaining a job or continuing employment due to not submitting to the tests, or as a result of the report of the test. This includes, but is not limited to, possible clerical or laboratory error. I understand that a job offer may be rescinded if I fail to be tested as scheduled. I understand that SSG may require an alcohol/drug screen test at random and/or resulting from an on-the-job accident, injury or equipment damage. My refusal to submit to alcohol/drug testing will be grounds for termination.

Signature: _____ Date: _____

Print Name: _____