

# EMPLOYMENT APPLICATION



This application will remain active for sixty (60) days.  
To be considered after (60) days will require completion of a new application.

PLEASE PRINT CLEARLY  
IN BLACK OR BLUE INK

## PERSONAL INFORMATION

Last Name		First Name		MI	Soc. Sec. No.		Position(s) Desired					
Street Address			Box/Apt.	City		State	Zip Code	Home Phone Number ( )				
Are you under 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No				If "Yes", list date of birth: ____/____/____		How did you hear about job opportunities with Sky?						
Have you ever been employed by Sky? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", please complete the following: Name of Supervisor: _____ Date of employment: ____/____ To ____/____ Location: _____ Name at time worked: _____ Reason for Termination: _____				Have you ever been charged with or convicted of a crime other than a misdemeanor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", explain: _____					Employment Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			
Do you have any relatives working for Sky? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", give name, relationship, department/location: _____				HOURS AVAILABLE		M	T	W	Th	F	Sa	Su
				FROM								
				TO								

EDUCATION (Name of school)	(City, State of school)	Major	# of Yrs	Graduate?	Degree Rec'd
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT (List most recent job first)					
Company		Address		Name of Supervisor	
Job Title / Duties Performed			Phone No. ( )	From (mo/yr) ____/____	To (mo/yr) ____/____
Reason For Leaving				Starting Pay	Ending Pay
Company		Address		Name of Supervisor	
Job Title / Duties Performed			Phone No. ( )	From (mo/yr) ____/____	To (mo/yr) ____/____
Reason For Leaving				Starting Pay	Ending Pay
Company		Address		Name of Supervisor	
Job Title / Duties Performed			Phone No. ( )	From (mo/yr) ____/____	To (mo/yr) ____/____
Reason For Leaving				Starting Pay	Ending Pay

MAY WE CONTACT YOUR PRESENT EMPLOYER? Check One (✓)  Yes  No **WE RESERVE THE RIGHT TO CONTACT FORMER EMPLOYERS.**

REFERENCES (List those who can comment on your job performance or abilities)		
Name	Relationship or Title	Phone No. ( )
Name	Relationship or Title	Phone No. ( )
Name	Relationship or Title	Phone No. ( )

SIGNATURE	
<p>I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal in accordance with Sky policy. I authorize the references and supervisors above to give Sky any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I release Sky, its agents and employees and all parties from all liability for any damages that may result from furnishing or use of this information. <b>I understand and agree that my employment relationship with Sky is at-will and may be terminated either by me or by Sky at any time and for any reason, without prior notice to the other party, and that no written or oral policy of Sky concerning continued employment is now or will be intended to constitute an express or implied contract. Wages, benefits and other terms and conditions of employment may be changed from time to time at the discretion of Sky. It is further understood that, except for this application, there are not now and will not in the future be any express or implied contractual terms of continued employment between Sky and me, unless such terms are set forth in writing, signed both by me and the President of Sky.</b></p>	
Signature _____	Date _____