



EMPLOYMENT APPLICATION

Date: _____ Full Name: _____
LAST FIRST M.I.

Address: _____
STREET ADDRESS APT/UNIT#

_____, Phone #: _____
CITY STATE ZIP CODE

Email: _____

Position Applied for: _____ Desired Salary: _____

Date Available to start: _____

Are you a United States citizen? **Y/N** If **NO**, are you authorized to work in the US? **Y/N**

Have you ever worked for **Single Source** before? **Y/N** If **YES**, when? _____

Have you ever been convicted of a felony? **Y/N** If **YES**, explain: _____

EDUCATION

High School: _____ Address: _____

From: _____ to _____ Did you graduate? **Y/N** Degree: _____

College: _____ Address: _____

From: _____ to _____ Did you graduate? **Y/N** Degree: _____

Other Education: _____

PREVIOUS EMPLOYMENT

Company: _____ **Phone:** _____

Address: _____ **Dates:** _____ to _____

Supervisor: _____ **Starting Salary \$** _____ **Ending Salary \$** _____

Job Title: _____ **Responsibilities:** _____

May we contact this employer? **Y/N** Reason for leaving: _____

Company: _____ **Phone:** _____

Address: _____ **Dates:** _____ to _____

Supervisor: _____ **Starting Salary \$** _____ **Ending Salary \$** _____

Job Title: _____ **Responsibilities:** _____

May we contact this employer? **Y/N** Reason for leaving: _____

Company: _____ **Phone:** _____

Address: _____ **Dates:** _____ to _____

Supervisor: _____ **Starting Salary \$** _____ **Ending Salary \$** _____

Job Title: _____ **Responsibilities:** _____

May we contact this employer? **Y/N** Reason for leaving: _____

REFERENCES

Please list three professional references:

1. _____, _____, _____
NAME PHONE NUMBER COMPANY/TITLE

2. _____, _____, _____
NAME PHONE NUMBER COMPANY/TITLE

3. _____, _____, _____
NAME PHONE NUMBER COMPANY/TITLE

MILITARY SERVICE

Branch: _____ Dates: _____ to _____

Rank at Discharge _____ Type of Discharge: _____

If anything, other than honorable please explain: _____

EMERGENCY INFORMATION

Date: _____

Employee Name _____, _____, _____
FIRST MIDDLE LAST

Address: _____ Phone#: _____

Email _____ Birthday: _____

Driver's License #: _____

Citizenship: _____ Document #: _____

MEDICAL INFORMATION

Doctor's Name _____ Phone #: _____

Medical Conditions: _____ Allergies: _____

Current Medications: _____

EMERGENCY CONTACT INFORMATION

Name/Relationship: _____ Phone #: _____

Name/Relationship: _____ Phone #: _____

Name/Relationship: _____ Phone #: _____

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination.

Signature: _____ Date: _____



INSURANCE AGREEMENT

Employee Name: _____

I, _____, have been notified that Single Source will offer Health insurance after 60 days of employment. Single Source will pay 50% of the monthly premium, and I am responsible for the remaining 50%, which will be deducted in equal amounts from each of my paychecks.

After 60 days of employment, I will receive an insurance packet and an email invitation from **EmployeeNavigator.com** to sign up for health insurance. It is my responsibility to check for the invitation email and respond within 10 days of receiving it. Please send my email invitation to:

Email address: _____

I **DECLINE** the offer of health insurance, and I understand I will not be eligible again until the next open season, or in the event of a life change. (Adoption, marriage, divorce etc.)

Employee Signature: _____ Date: _____



TRAVEL AGREEMENT

I, _____ understand that traveling out of town for work is a requirement at Single Source. The amount of travel out of town is determined by the work schedule. Out of town travel is any jobsite that is 100 miles or more away from Single Source Corporate Offices at 109 E Broadway St., Peculiar, MO 64078.

When traveling out of town for work, a \$25.00 a day per diem will be given to each employee from the foreman at the start of each day. Motel room is furnished by the Single Source and may be shared with another employee on the crew.

Employee Name: _____

Employee Signature: _____ Date: _____



REQUIRED PERSONAL PROTECTIVE EQUIPMENT

Please check each item indicating that you have these items and will wear all PPE daily to the job site.

- HARD HAT
- STEEL TOE OR COMPOSITE SAFETY VEST
- SAFETY GLASSES
- SAFETY VEST
- TOOL POUCH
- TAPE MEASURE
- SHARPIE
- COVID-19 FACE MASK

I have all the required PPE and other equipment necessary to start work.

Employee Signature: _____ Date: _____