

SIEGFRIED EMPLOYMENT APPLICATION

Personal Information Last Name First Name_	Middle Initial
Address	City State Zip
Primary Phone () Secondary P	hone ()
Email Address	
Willing to Relocate? ☐ Yes ☐ No Willingness to Trav	rel? Yes No
General Information Are you at least 18 years of age? ☐ Yes ☐ No	Do you have relatives employed by Siegfried? ☐ Yes ☐ No
f hired, can you provide proof of your legal right to work in th Jnited States? Yes No	If yes, state their names
If no, please describe your work authorization status	Were you referred by anyone for this position? ☐ Yes ☐ No If you were referred, by whom?
Have you ever been employed by Siegfried? If yes, when? From DateTo Date	Date Available to Begin work
mployment History	
Previous Employer	
Employer Phone ()	Employer Phone ()
Address	Address
City	City State Zip
Start Date End Date	Start Date End Date
Supervisor's Name	Supervisor's Name
Supervisor's Title	Supervisor's Title
Starting Position/Title	Starting Position/Title
Ending Position/Title	Ending Position/Title
Job Duties	Job Duties
Reason for Leaving	Reason for Leaving
May We Contact? Yes No	May We Contact? Yes No

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			SIEGFRIED	
Employment History				
Previous Employer		Previous Employer		
Employer Phone ()		Employer Phone ()	
Address				
City State		City	State Zip	
Start Date End Date _			End Date	
Supervisor's Name		·		
Supervisor's Title				
Starting Position/Title				
Ending Position/Title		Ending Position/Title		
Job Duties		Job Duties		
Reason for Leaving		Reason for Leaving _		
May We Contact? Yes No		May We Contact?	∕es □ No	
Education History Please enter your highest level of educatio	n first.			
Degree Level			Degree Level	
School/University Name	School/University Na	ame	School/University Name	
City	City		City	
CountryState/Province	Country	_State/Province	CountryState/Province	
Major	Major		Major	
Years Attended	Years Attended		Years Attended	
Graduated? ☐ Yes ☐ No	Graduated? ☐ Yes	□No	Graduated? ☐ Yes ☐ No	
Please read this important information before signi	ng this form. Your signature be	low means you have read, und	derstand, and agree to abide by the stipulated conditions.	
By my signature below, I confirm that I have rea	ad, understand, and agree to	the following stipulations:		
employment agreement either on my part or Sie 2. Unless I enter into a specific written contract Inc. is subject to the "at-will rule," meaning tha relationship at any time, without notice or cause	egfried Engineering, Inc.'s par solely between myself and Si t, if I am hired by Siegfried Er	t and no one may under an iegfried Engineering, Inc., ai ngineering, Inc., either I or tl	egfried Engineering, Inc. This application is not an y circumstance imply or infer differently. ny position offered to me by Siegfried Engineering, he company could terminate the employee/employer olete. I understand that, if that any of my responses	

- 3. I personally guarantee that the information I have submitted via this application is accurate and complete. I understand that, if that any of my responses are intentionally false or misleading, the company will immediately disqualify me from association with Siegfried Engineering, Inc. (if I am employed by Siegfried Engineering, Inc. at the time, my employment will be terminated).
- 4. I understand that, by signing this form, I give Siegfried Engineering, Inc. permission to investigate the accuracy of the information I submit and to perform other research into job-related aspects of my background. By signing this form, I also authorize my former employers to provide information about my employment with them, and I specifically release them from all liability for damages that may result on account of their compliance with this authorization.

NOTE: If you do not understand something about any element of any of the four stipulations, do not sign this document, get a satisfactory explanation first.

Signature	Date