

**EQUAL OPPORTUNITY
EMPLOYER**

NEW EMPLOYEE APPLICATION

Please Complete ALL Sections



P.O. Box 770
3282 State Highway 82
Sonoita, AZ 85637
TEL: 520.455.5983
FAX: 520.455.5984

Date of Application: _____

Complete Legal Name: _____
Last First Middle

Addresses Physical: _____
Street City State ZIP Code

Mailing: _____
Street City State ZIP Code

Phone Home: () _____ Cell: () _____ Email Address _____

How Did You Find Out About Us?

Newspaper Walk-In Other: _____

Website: _____
Name of Website (Yahoo, Monster, etc.)

Recruited by: _____
Name of Recruiter and Company

Referred by: _____
Name of Person Who Referred You

Birthplace, Driver Information, and Ethnicity

Date of Birth: _____ Place of Birth: _____
City and State

Driver's License State: _____ Number: _____ Expiration: _____

Resident Card Type: _____ Number: _____ Expiration: _____

Vehicle Make: _____ VIN #: _____ Year: _____

Color: _____ Plate: _____

Ethnicity *Optional* Caucasian American Indian Hispanic
 African American Asian Other: _____

Emergency Notification

PRIMARY (Contact First)

Name: _____ Relationship: _____

Address: _____ Phone: () - _____

SECONDARY (Contact Second)

Name: _____ Relationship: _____

Address: _____ Phone: () - _____

APPLICANT NAME: _____

Position and Salary Requirements

Have you applied for work and/or worked for this company before? Yes No When? _____

If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country? Yes No

Position for which you are applying: _____ Years experience in this position: _____

What is your minimum pay requirement? _____ Hr Day Week Month Other: _____

Are you able to perform, with reasonable accommodation, the essential functions and duties of the job as contained in the job description? Yes No

Please Read and Answer Carefully

A. Have you ever been convicted of a criminal offense? (A conviction will not necessarily disqualify you from employment.) Yes No

B. Do you currently have any criminal actions pending in which you are a defendant? (A "yes" answer will not necessarily disqualify you from employment.) Yes No

C. Are you currently on probation or parole status? (A "yes" answer will not necessarily disqualify you from employment.) Yes No

IF YES TO ANY OF THE ABOVE QUESTIONS, STATE CIRCUMSTANCES AND DATES: _____

Education

Circle highest grade completed: Grade School 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4 Graduate 1 2 3

List other specialty training or schools: _____

Military Service

Have you served in the U.S. Armed Forces? Yes No Service-Disabled Veteran? Yes No

From: _____ To: _____

Employment Record for the Past 10 Years

All applicants must list all full and part-time employment including military service, self employment, and periods of unemployment during preceding 10 years. **NOTE:** List employers in reverse order starting with the most recent. Use an additional sheet if necessary.

Current or Most Recent Employer

Name: _____ From: _____ / ____ / ____
Address: _____ To: _____ / ____ / ____
City, State, ZIP: _____ Pay Rate: _____
Position: _____ Supervisor: _____
Reason for Leaving: _____ Co. Phone # (____) ____ - ____
If Gap, Explain: _____

Second Prior Employer

Name: _____ From: _____ / ____ / ____
Address: _____ To: _____ / ____ / ____
City, State, ZIP: _____ Pay Rate: _____
Position: _____ Supervisor: _____
Reason for Leaving: _____ Co. Phone # (____) ____ - ____
If Gap, Explain: _____

APPLICANT NAME: _____

Third Prior Employer

Name: _____ From: _____ / ____ / ____
Address: _____ To: _____ / ____ / ____
City, State, ZIP: _____ Pay Rate: _____
Position: _____ Supervisor: _____
Reason for Leaving: _____ Co. Phone # (____) ____ - ____
If Gap, Explain: _____

Fourth Prior Employer

Name: _____ From: _____ / ____ / ____
Address: _____ To: _____ / ____ / ____
City, State, ZIP: _____ Pay Rate: _____
Position: _____ Supervisor: _____
Reason for Leaving: _____ Co. Phone # (____) ____ - ____
If Gap, Explain: _____

Fifth Prior Employer

Name: _____ From: _____ / ____ / ____
Address: _____ To: _____ / ____ / ____
City, State, ZIP: _____ Pay Rate: _____
Position: _____ Supervisor: _____
Reason for Leaving: _____ Co. Phone # (____) ____ - ____
If Gap, Explain: _____

Sixth Prior Employer

Name: _____ From: _____ / ____ / ____
Address: _____ To: _____ / ____ / ____
City, State, ZIP: _____ Pay Rate: _____
Position: _____ Supervisor: _____
Reason for Leaving: _____ Co. Phone # (____) ____ - ____
If Gap, Explain: _____

Seventh Prior Employer

Name: _____ From: _____ / ____ / ____
Address: _____ To: _____ / ____ / ____
City, State, ZIP: _____ Pay Rate: _____
Position: _____ Supervisor: _____
Reason for Leaving: _____ Co. Phone # (____) ____ - ____
If Gap, Explain: _____

References

Please list at least 2 people able to verify your employment and personal history; such as co-worker, neighbor, customer, or an upstanding citizen of your community. **NOTE:** Do not list relatives.

Name	Relationship	Phone
1.		
2.		
3.		

Acknowledgements

I acknowledge that, when I join SBBI, Inc., I enter into my employment relationship voluntarily and that there is no express or implied contract of employment between SBBI, Inc. and me. I acknowledge and understand that employment at SBBI, Inc. is on an "at will" basis and for no definite period of time, and may be terminated at any time, with or without cause, regardless of the date or method of payment of wages or salary. No one other than the President of SBBI, Inc., including any supervisor, manager, or other person regardless of title or position, has the authority to alter the at-will status of my employment or enter into any employment contract for a definite period of time. Any agreement altering the at-will employment status between SBBI, Inc. and me must be in writing and signed by the President of SBBI, Inc. Accordingly, either SBBI, Inc. or I may terminate my employment at any time, with or without cause.

Furthermore, I acknowledge that I have received the following SBBI documents and I understand that it is my responsibility to read and understand the policies and procedures contained in each document and any revisions made to it:

Check All
that Apply

- Employee Handbook
- EEO Policy Statement
- Code of Safe Practices and Safety Procedures
- Fleet Safety Program
- Drug and Alcohol Testing Policy
- Ethics and Business Conduct Program
- Non-Compete Agreement
- Non-Disclosure and Confidentiality Agreement

I understand that the above documents describe important information about employment with SBBI, Inc. and that I should contact my supervisor or the Human Resource Director regarding any questions I may have about the policies and procedures or my employment. I acknowledge that revisions to the above documents may occur since the information, policies, and benefits described are subject to change. I further understand that revised information may supersede, modify, or eliminate existing policies and procedures, and that only the President of SBBI, Inc. has the authority to adopt any revisions to the policies and procedures.

By signing below, I agree that I have received a copy of each policy checked above and that I have read and I understand my responsibilities to abide by each of the policies and procedures set forth in the above documents and any revisions or additions therein.

Employee Signature: _____ Date: _____

Employee Compensation

SBBI Base Rate: _____ Hour Week Month

SBBI Allowance: _____ Hour Week Month

Job Assigned to: _____ Job Title: _____ SB1 SB2 SB3

Date of Hire: _____ Hired by: _____

Printed Name

Signature

By signing below, I certify that I understand and agree to the compensation package.

Employee Signature: _____ Date: _____

Agreement - Please Read the Following Carefully, then Sign, Date, and Clearly Print SSN

Company Name: _____

Authorization and Release Agreement

In connection with my application for employment with the Company, I hereby authorize:

1. Any individual, current or former employer, educational institution, or military branch listed in my application and/or resume to disclose in good faith to the Company or its representatives, orally or in writing, information relating to my fitness for employment including, but not limited to, job performance, reasons for termination, salary, job duties, eligibility to rehire, work habits, disciplinary actions, training, education, experience, knowledge, skills, qualifications, professional conduct, evaluation information, and attitude. I release these individuals and entities and their representatives from all liability for providing such disclosures and for any consequences that may occur as a result of those disclosures.
2. The Company to procure a consumer report and/or investigative background report on me for the purpose of employment screening or for determining continued employment. These reports may include, but are not limited to, information as to my character, general reputation, personal characteristics and mode of living, discerned through employment and education verifications, personal references, personal interviews, my personal credit history based on reports from any credit bureau, my driving history including any traffic citations, a social security number verification, present and former addresses, criminal and civil history/records, and any other public records.
3. The Company to administer a drug test. I understand the Company requires applicants to successfully complete a drug test, as a term and condition of qualification and, from time to time thereafter, I agree to submit to a random drug/alcohol test (test performed by swab, urinalysis, breath, and/or other test as determined by Company) as terms and conditions of continued qualification. I understand that a DHHS-certified lab may collect specimens for these tests and may use them or forward them to a testing laboratory designated by the Company for analysis with said analysis results reviewed by a Medical Review Officer. I understand any job offer is contingent on a negative drug test result.

I understand my application may be terminated with or without cause at any time at the discretion of either the Company or myself. Further, I understand that just as I am free to resign at any time, for any reason, with or without prior notice, the Company reserves the right to terminate my employment at any time, for any reason, with or without prior notice. I recognize the employment relationship to be an at-will relationship and not for a specific period of time.

I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. In the event I am offered employment by the Company, I understand and agree that as a condition to the employment all disputes that cannot be resolved by informal internal resolution, which might arise out of my employment with the Company, whether during or after employment, will be submitted to arbitration in lieu of any Federal or State investigative, administrative, or legal proceeding. I agree such arbitration shall be conducted under the rules of the American Arbitration Association.

I understand and agree that any misrepresented, inaccurate, misleading, incomplete, or omitted information provided by me in this application will be sufficient cause for cancellation of this application and/or separation from the Company's service if employed. I understand no representative of the Company has the authority to make any verbal or written assurance to the contrary. This application represents the complete and final expression of the intent of the parties and may not be modified except by a writing duly executed by the undersigned and the President of the Company.

I hereby certify that this application was completed by me, and that all my answers to the questions are correct and any misstatement or omission of fact will be sufficient cause for rejection of my application or separation should I become employed by the Company.

Print Name _____ Social Security No. _____

Signature _____ Date _____