



# Silva's Consolidated Interests

## EMPLOYMENT APPLICATION

The filing of this application and our acceptance thereof does not indicate there is positions open and in no way obligates Silva's Consolidated Interests, Inc. The information contained herein will be regarded as confidential and is, together with all attached papers, the property of Silva's Consolidated Interests, Inc. It will be to the applicant's advantage to answer each question fully, accurately, and honestly.

### IDENTIFICATION

PLEASE PRINT CLEARLY

Last Name	First Name	Middle Initial
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Current Address
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City	State	Zip Code
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Social Security Number
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Home Telephone	Alternate Telephone	Other
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Position applied for
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### PERSONAL

Are you authorized to work in the United States? If No, Type of Visa _____ Alien Registration No. _____	Yes	No
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Are you a veteran? Branch of Service _____	Yes	No
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Have you ever been convicted of a felony and/or misdemeanor? If yes, please explain _____	Yes	No
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Are you related by blood or marriage to any employee of Silva's Consolidated Interests, Inc.? Yes No

If yes, name of employee and relationship.

\_\_\_\_\_

What foreign languages do you speak and/or write fluently? \_\_\_\_\_

Name, telephone number and relationship of closest relative, in case of an emergency

Name	Telephone Number	Relationship
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**EDUCATION**

High School	From	To
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City	State	Graduate? Yes	No
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College	From	To
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City	State	Graduate? Yes	No
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Other	From	To
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City	State	Graduate? Yes	No
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**EMPLOYMENT HISTORY**

BEGIN WITH MOST RECENT POSITION

Employer	Dates of Employment	From	To
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Address \_\_\_\_\_

City	State	Zip Code
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Position(s) Held \_\_\_\_\_

Supervisor	Telephone Number
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Beginning Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Duties Performed \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Dates of Employment \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Position(s) Held \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone Number \_\_\_\_\_

Beginning Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Duties Performed \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Dates of Employment \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Position(s) Held \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone Number \_\_\_\_\_

Beginning Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Duties Performed \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_

May we contact your current employer?

Yes    No

**REFERENCES**

PLEASE PROVIDE THREE BUSINESS REFERENCES.

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Name

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Address

Telephone

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Name

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Address

Telephone

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Name

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Address

Telephone

Summarize your special skills and/or qualifications

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Who referred you to us (person or agency)? \_\_\_\_\_

**ATTESTATION**

I certify that the answers herein and all other information otherwise given by me are true and complete to the best of my knowledge. In the event that I am employed, I understand that any incorrect, incomplete, misleading, or false statements furnished by me will result in discharge. I understand that employment is not subject to property interest and that either I, or Silva's Consolidated Interests, Inc. may discontinue the employment relationship at any time for any reason as directed by applicable Silva's Consolidated Interests, Inc.'s policies and procedures.

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SIGNATURE

DATE SIGNED

**RELEASE AUTHORIZATION**

Silva's Consolidated Interests, Inc. pre- screens all employees and/or sub-contractors before hiring. This policy was enacted to ensure a professional working environment as well as for the protection of our employees, sub-contractors and clientele.

PLEASE PRINT CLEARLY

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Last Name	First Name	Middle Initial	Maiden Name
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List all other names used in the past.

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Current Address	City	State	Zip Code	No. of Years
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Social Security Number/Tax ID	Date of Birth
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Driver's License Number	State of Issue
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**Residence(s) in the past seven (7) years:**

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Address	City	State	Zip Code	No. of Years
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Address	City	State	Zip Code	No. of Years
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Address	City	State	Zip Code	No. of Years
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I expressly authorized any person associated with any educational institution, past or previous employer, any law enforcement agency (federal, state, or local), credit reporting agency, or any person who has knowledge of my character, work experience, educational, medical, criminal, or driving history to release the information to Silva's Consolidated Interests, Inc. or their employees or agents. I will not hold Silva's Consolidated Interests, Inc. or their employees or any person requesting or releasing the information from any damage whatsoever resulting from the acquisition, use, retention, or disclosure or any such information. I will not hold Silva's Consolidated Interests, Inc., their employees or any person responsible for errors or inaccuracies in the acquisition or transmittal of information pertaining to the verification of my background.

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Signature of Applicant	Date Signed
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\_\_\_\_\_  
Witness

**FOR OFFICE USE ONLY. PLEASE DO NOT WRITE IN THIS BOX.**

Please perform those pre-employment screening(s) checked below:

<input type="checkbox"/> Criminal History	<input type="checkbox"/> Employment Verification	<input type="checkbox"/> Credit Report
<input type="checkbox"/> Education Verification	<input type="checkbox"/> Motor Vehicle Report	<input type="checkbox"/> Drug Screening
<input type="checkbox"/> Social Security Verification		