

EDUCATION	Name / Address	Circle last year completed
High School / G.E.D.		9 10 11 12
College		1 2 3 4 5 6
Graduate School		1 2 3 4
Vocational, Technical		
Business, Military, Other		

OFFICE USE ONLY:
Interview date: _____
Wage offered: _____
Start date: _____
Position: _____
<u>OTHER:</u> _____

OTHER EXPERIENCE: If you have had other experience (e.g. volunteer, educational or military) related to the position for which you are applying, please list relevant information below.

TO BE COMPLETED BY REGISTERED, LICENSED, OR CERTIFIED APPLICANTS.			OFFICE USE ONLY:	FOR POSITIONS REQUIRING DRIVING A MOTOR VEHICLE ONLY:
STATE	CURRENT NO.	EXPIRATION DATE	VERIFICATION	
				Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No State and Number _____

REFERENCES: Work or education related. (Please do not list friends or relatives.) TO BE COMPLETED BY ALL APPLICANTS.				OFFICE USE ONLY:
NAME	ADDRESS	PHONE (DAYTIME)	OCCUPATION	REFERENCE REQUESTED
1.		()		
2.		()		
3.		()		

AGREEMENT *(Please read thoroughly and sign below)*

I authorize the investigation of my background including all the information contained in this application and information provided in the interview. I understand that misrepresentation or omission of information in connection with my application and/or interview will be sufficient cause, in and of itself, for rejection or dismissal whenever discovered.

I understand and agree that any offer of employment is dependent upon satisfactory completion of SAMC's pre-employment investigation which includes, but is not limited to, a physical exam, criminal history check, educational and work history verification, reference checks and any investigation required by local, state or federal laws.

I understand that if I am hired by SAMC or any of its affiliates, my employment will be for an indefinite period of time and will be "at will," which means that either I or SAMC may terminate the employment relationship at any time and for any or no reason and that no representative of SAMC has the authority to make any oral promise to me concerning my employment.

Finally, I also understand that while SAMC supports current policies and benefits, it retains the right to change them at any time, with or without notice to me. SAMC is committed to providing a safe, healthy and productive work environment and supports a smoke-free, alcohol-free and drug-free work environment. I understand that SAMC performs random drug testing.

Signature

Date