

# Summer Sky, Inc.

## Applicant Release

[ ] Keep this applicant release in secure files separate from personnel records.

Please submit a resume with this Employment Application.

### Summer Sky, Inc.

In Connection with my application for employment (including contract for services) and as a condition of continuing employment, I understand that investigative background inquiries are to be made on me including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, and experience along with reasons for termination of employment from previous employers. Further, I understand that the company will be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from **Summer Sky, Inc.** and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

*Law enforcement agencies and other entities for identification purposes require the following information when checking records. It is confidential and will not be used for any other purpose.*

### Please print clearly

Please Full Name: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Print other names you have used: \_\_\_\_\_ Dates used: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Social Security # \_\_\_\_\_

Current Drivers License # \_\_\_\_\_ Issuing State: \_\_\_\_\_

Other Drivers License #s \_\_\_\_\_ Issuing State: \_\_\_\_\_  
(List last 7 years only)

***Applicant Release***

Home Address (List Home Addresses for the last 7 years – most current address first.)

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Country: \_\_\_\_\_

Dates – From: \_\_\_\_\_ To: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Country: \_\_\_\_\_

Dates – From: \_\_\_\_\_ To: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Country: \_\_\_\_\_

Dates – From: \_\_\_\_\_ To: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Country: \_\_\_\_\_

Dates – From: \_\_\_\_\_ To: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Country: \_\_\_\_\_

Dates – From: \_\_\_\_\_ To: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Country: \_\_\_\_\_

Dates – From: \_\_\_\_\_ To: \_\_\_\_\_



For what position are you applying? \_\_\_\_\_

Salary desired: \$ \_\_\_\_\_ per \_\_\_\_\_ (specify hour, week or year)

Schedule desired: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ # of hours per week \_\_\_\_\_

**Could** you work overtime? Yes \_\_\_\_ No \_\_\_\_

**What** date could you start work? \_\_\_\_\_

**Could** you travel if required for your position? Yes \_\_\_\_ No \_\_\_\_

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### **Education**

#### ***High School***

School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Degree or number of years completed: \_\_\_\_\_ Major/Subject: \_\_\_\_\_ GPA: \_\_\_\_\_

#### ***College***

School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Degree or number of years completed: \_\_\_\_\_ Major/Subject: \_\_\_\_\_ GPA: \_\_\_\_\_

#### ***Graduate School***

School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Degree or number of years completed: \_\_\_\_\_ Major/Subject: \_\_\_\_\_ GPA: \_\_\_\_\_

List any certificates earned or in progress, and/or any additional training programs not included in your formal education: \_\_\_\_\_

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List any Professional Affiliations to which you belong (please **DO NOT** list activities which would indicate your age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability): \_\_\_\_\_

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### **Previous Employment – List your current or most recent employment first. Include work related internships, military and volunteer work.**

***Current Employer:*** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone #: \_\_\_\_\_ Supervisor/Name & Title: \_\_\_\_\_

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

Salary: \$ \_\_\_\_\_ per **Hour** **Week** **Month** **Year** (circle one)

Dates of employment: **From** \_\_\_\_\_ **To** \_\_\_\_\_ May we contact your employer? \_\_\_\_\_

FOR DEPARTMENT SUPERVISOR TO COMPLETE

Reference Check Result: Positive \_\_\_\_\_ Negative \_\_\_\_\_ If negative, what was the concern? \_\_\_\_\_

*Previous Employer:* \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone #: \_\_\_\_\_ Supervisor/Name & Title: \_\_\_\_\_

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

Salary: \$ \_\_\_\_\_ per **Hour** **Week** **Month** **Year** (circle one)

Dates of employment: **From** \_\_\_\_\_ **To** \_\_\_\_\_ May we contact your employer? \_\_\_\_\_

FOR DEPARTMENT SUPERVISOR TO COMPLETE

Reference Check Result: Positive \_\_\_\_\_ Negative \_\_\_\_\_ If negative, what was the concern? \_\_\_\_\_

*Previous Employer:* \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone #: \_\_\_\_\_ Supervisor/Name & Title: \_\_\_\_\_

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

Salary: \$ \_\_\_\_\_ per **Hour** **Week** **Month** **Year** (circle one)

Dates of employment: **From** \_\_\_\_\_ **To** \_\_\_\_\_ May we contact your employer? \_\_\_\_\_

FOR DEPARTMENT SUPERVISOR TO COMPLETE

Reference Check Result:      Positive \_\_\_\_\_      Negative \_\_\_\_\_      If negative, what was the  
concern? \_\_\_\_\_

*Previous Employer:* \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone #: \_\_\_\_\_ Supervisor/Name & Title: \_\_\_\_\_

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

Salary: \$ \_\_\_\_\_ per    **Hour**      **Week**      **Month**      **Year**    (circle one)

Dates of employment: **From** \_\_\_\_\_ **To** \_\_\_\_\_ May we contact your employer? \_\_\_\_\_

FOR DEPARTMENT SUPERVISOR TO COMPLETE

Reference Check Result:      Positive \_\_\_\_\_      Negative \_\_\_\_\_      If negative, what was the  
concern? \_\_\_\_\_