

MO-SCI CORPORATION 4040 HyPoint North Rolla, MO 65401

Phone: (573) 364-2338 Fax: (573)364-9589

Application for Employment

Position Applied For	PLEASE PRINT										
Address Street City State Zip Code Telephone () Social Security Number	Position Appl	ied For						Date	!	/	
Address Street City State Zip Code Telephone () Social Security Number	Name										
Street City State Zip Code Telephone (Last				First			Middle		
Street City State Zip Code Telephone (Address										
Are you legally eligible for employment in this country?		Street				City			State		Zip Code
(Proof of U.S. citizenship or immigration status will be required upon employment) Date available for work	Telephone (_))				Social Sec	curity	Number			
Type of employment desired	Are you lega	ally eligible for em	ployment in thi	s country	?					Yes	No
Type of employment desired	(Proc	of of U.S. citizens	hip or immigrat	ion status	s will be re	equired up	on er	nployment)	l .	ı	L L
Are you able to meet the attendance requirements of the position?	Date available	e for work									/
Are you able to meet the attendance requirements of the position?	Type of emp	oloyment desired						Full Time	Part Tin	ne	Temporary
(Such conviction may be relevant if job related, but does not bar you from employment) If yes, please explain Final To Employer Telephone										Yes	
(Such conviction may be relevant if job related, but does not bar you from employment) If yes, please explain Final To Employer Telephone	Have you be	en convicted of a	a felony in the p	ast seve	n (7) year	s?				Yes	No
Job Title Address Supervisor's Name and Title Summarize the nature of work performed and job responsibilities Reason for leaving Hourly Rate/Salary Start \$ per Final \$ per From To Employer Telephone Job Title Address Supervisor's Name and Title Summarize the nature of work performed and job responsibilities Reason for leaving Hourly Rate/Salary Start \$ per Final \$ per From To Employer Final \$ per Telephone Job Title Address	List your last			ts or volu	ınteer acti	vities, star	ting v	vith the most re	cent, includ	ding mil	itary
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Reason for leaving Hourly Rate/Salary Start \$ per Final \$ per From To Employer Telephone Job Title Address											
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Job Title Address	Reason for le	aving	•	•	Final \$		per				
	From	То	Employer						Teleph	one	
Supervisor's Name and Title Summarize the nature of work performed and job responsibilities						_					
	Supervisor's I	Name and Title	Summarize t	he nature	of work pe	rformed and	d job r	esponsibilities			

Final \$

Hourly Rate/Salary

Start \$

Reason for leaving

Skills and Qualifications	
Summarize special skills and qualifications to SCI Corporation.	rom employment or other experiences that may qualify you for work with MO

Educational Background

Name and Location	Years Completed	Did You Graduate?	Course of Study	
High School				
College			Major	Degree
Business/Trade School				•

References

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Give	the names o	1 1111100 (3)	persons n	ioi reialeu lo v	ou, whom y	/ou nave kn	iuwii at itasi i	one (i)	veai.

evo the hames of three (e) persons not related to yea, whem yea have known at least one (1) year.						
Name		Telephone	Years Acquainted			

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATIONS MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN THE PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. I ALSO GIVE MO-SCI CORPORATION OR THEIR REPRESENTATIVES AUTHORITY TO VERIFY ALL INFORMATION SUBMITTED BY ME ON THIS APPLICATION AND/OR FROM A FURNISHED RESUME.'

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Date		Signature	