APPLICATION FOR EMPLOYMENT

SMG considers all applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, SMG complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. SMG also provides reasonable accommodations to qualified individuals with disabilities in accordance with applicable laws.

To receive proper consideration of this application, ALL questions on this application must be answered.

PERSONAL INFORMATION (PLEASE PRINT)			Date of Application
Name (Last Name, First Name, Middle Initial)		Social Security Number	
Current Address	City	State	Zip Code
Telephone Number		Referred By	
Are you over age 18? [ ] Yes [ ] No	If not, state your age	Position Requested	
If under 18, do you have working papers? [ ] Yes [ ] No		Date Available	

EDUCATION

High School Name and Address	Course of Study	Number of Years Attended	Highest Grade Completed [ ] 9 [ ] 10 [ ] 11 [ ] 12
College School Name and Address	Course of Study	Number of Years Attended	Highest Grade Completed [ ] 1 [ ] 2 [ ] 3 [ ] 4
Diploma or Degree Received			
Other (specify) Name and Address	Course of Study	Number of Years Attended	Highest Grade Completed [ ] 1 [ ] 2 [ ] 3 [ ] 4
Diploma or Degree Received			

PERSONAL INFORMATION

Do you have any relatives or personal friends in the employment of SMG? [ ] Yes [ ] No

If yes, please state:

Name	Relationship
Name	Relationship

FIDELITY INFORMATION

Have you ever worked in a position which required you to be bonded? [ ] Yes [ ] No

If yes, please describe in full:	Name of Supervisor

Answering yes WILL NOT necessarily disqualify you from consideration.

This information will be used only for job-related purposes and only to the extent permitted by applicable law.

Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied? [ ] Yes [ ] No

If yes, please explain:

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, SMG will verify the status of every individual offered employment. In connection with these laws, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization after an offer of employment is made.

Are you currently authorized to work for all employers in the United States on a full-time basis, or only for your current employer?

[ ] All employers [ ] Current employer only

EMPLOYMENT HISTORY

Give names and addresses of previous employers during the last ten (10) years, including civil service. List in order with current or last employer first and if additional space is required, a separate attachment may be added. If you are now working, give name and address of present employer and state such reason or desire to resign. Also give reason for any lapse of time between periods of employment.

Employer's Name and Address	Telephone Number	Salary / Wages per hour	
	Immediate Supervisor	Date Started	End Date
	Reason for leaving	May we contact your present employer?	
Describe in detail the work you performed		[ ] Yes	[ ] No

Employer's Name and Address	Telephone Number	Salary / Wages per hour	
	Immediate Supervisor	Date Started	End Date
	Reason for leaving	May we contact your employer?	
Describe in detail the work you performed		[ ] Yes	[ ] No

Employer's Name and Address	Telephone Number	Salary / Wages per hour	
	Immediate Supervisor	Date Started	End Date
	Reason for leaving	May we contact your employer?	
Describe in detail the work you performed		[ ] Yes	[ ] No

ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY

1. Have you ever been dismissed or forced to resign from employment? [ ] Yes [ ] No

If yes, please describe in full:

PREVIOUS EMPLOYMENT WITH SMG	Date	Location

Please read and sign below

I understand and voluntarily agree that:

1. The facts set forth in my application for employment are true and complete. I understand that any misrepresentations, omissions or false statements on this application shall be considered sufficient cause for refusal of employment, or, if employed, termination from SMG.

2. I understand that if employed, I may be required to submit to drug and alcohol testing at various times without prior notice. A positive report from a drug or alcohol test will disqualify me from employment and will result in my termination.

3. You are hereby authorized to make any investigation or verify all the information provided by me concerning, among other things, my prior employment, driving or criminal record, mode of living and/or other background data, including credit information, as it may relate to the position(s) I am applying for. I understand that upon written request to the Company, I will be informed of whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.

4. I authorize and request that all of my present and former employers and those individuals that I establish as personal references furnish information about my employment records, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

5. I understand that in the event I am employed, my employment and compensation may be terminated with or without cause, with or without notice, at any time, at the option of either the company or me. I further understand that no representative of SMG, other than the President/CEO or his/her designee has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement different from or contrary to any Company policy. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.

Signature Date

FOR OFFICE USE ONLY

Original Date of Hire	Position	Shift	Start Date	Location
Interviewed By		Employed By		