



An Employee Owned Company

434-525-0769, FAX 434-525-4492

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, State, or Local Law.

Application for Employment

(Please Print)

Name : _____ Date : _____
 (Last) (First) (Middle)

Address : _____
 (Street)

 (City) (State) (Zip Code)

Tel. No. : _____ Email : _____

Soc. Sec. # : _____ - _____ - _____ Are you at least 18 years of age? : Yes No

Education	School Name (City, State)	Years Completed	Graduate?	Degree/Diploma
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College / Trade School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Provide any additional information; i.e. Special Skills, Training, Experience, Equipment Operation, or other qualifications you feel will be helpful to us in considering your application

Can you produce documented proof of identity and eligibility for employment in the U.S.? Yes No

Position(s) applied for : _____

Type of employment desired : Full-Time Part-Time Temporary

How were you referred to Sentry Equipment? : Person Other : _____

Are you employed now? : Yes No If yes, may we contact your employer? : Yes No

Position : _____ Date Employed : _____

Have you ever worked at Sentry Equipment? : Yes No

Do you have any reason to believe that you'd have difficulty meeting our work schedule? : Yes No

Have you ever been convicted of a violation of the law except a minor traffic violation? : Yes No

Have you ever been discharged or requested to resign from a position? : Yes No



Former Employers (List past four employers, starting with most recent)

Month / Year	Name, Address, & Phone Number of Employer	Position	Reason for Leaving
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			

May we call your former employers for reference? : Yes No

Are you able to perform the essential function of the job for which you have applied? : Yes No

Do you have relatives currently working for Sentry Equipment? : Yes No

If yes, please list names and relationship : _____

Date you can start : _____ Salary Expected : _____

References: Please list the names of three persons not related to you that can be called for reference

Name	Address & Phone Number	Business	Years Acquainted

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application will be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my salary, be terminated at any time without prior notice.

Signature : _____

Date : _____



EMPLOYEE REFERRAL BONUS PROGRAM

Please return this form to HR completed in full. If form is not fully completed, this referral will be void!

Current Sentry Employee Who Referred You: _____

Your Name: _____

Date: _____

All referral payments are made after 6 months of successful employment. At the time of payment, the referrer and the referee must be actively employed and in good standing.