

Company Name	Location	Job Title	Dates Employed From: To:
Supervisor Name	Salary/Pay	Telephone Number	Reason for leaving

Job duties/tasks performed: _____

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REFERENCES

Please provide the names of three references, that are not relatives and whom you have known at least one year and are familiar with your work ability.

Name	Address & Phone Number	Relationship	Years Known

APPLICANT CERTIFICATION

“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 of facts called for in this application, whether on this document or not, are discovered, my application 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 agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of SPI, pursuant to the Company’s policy and federal, state and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company’s policies.

I agree to complete any requisite authorization forms for the background investigation. If hired by SPI, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by SPI. I also understand that SPI employs only individuals who are legally eligible to work in the United States.

I authorize SPI or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I certify that all of the information that I have provided on this application is true, accurate, and complete.”

Date: _____ **Signature:** _____

Solar Power Industries is an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, or any other category protected by applicable federal, state, or local laws.
