

## **EMPLOYMENT APPLICATION**

The following information is requested in order to help us make the best possible placement of employees within the company. All portions of this application pertaining to you must be completed. The employer, in accordance with state and federal law, does not discriminate on the basis of age, race, color, religion, sex, national origin, ancestry, marital status, disability, medical condition including pregnancy, sexual orientation, veteran status, arrest record, or any other characteristic protected by law.

Name:	Telephone:		
Address:			
Position applied for:			
What salary rate are you seeking?			
What days are you available to work?			
If hired, can you show proof of your identity and legal authori		Yes	No
If under age 18, can you show proof of eligibility to work?		Yes	No
With or without reasonable accommodation, can you perforn the job for which you are applying?	n the essential functions of	Yes	No
If no, please describe the functions that cannot be performe	d:		

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.

## **WORK EXPERIENCE**

Please begin with the most recent experience.

Dates of Employment / Start to End	Name, Address, and Telephone Number of Employer	Job Title and Description of Duties	Reason for Leaving
to			
to			
to			
to			

to		
Which of the above e	employers may we <u>not</u> contact?	

## **EDUCATION, TRAINING, AND EXPERIENCE**

Please complete the following table.

Education	Name and Location of School	No. of Years Completed	Major and Degree
High School			
College			
College			
Other			

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Do you have any other skills, training, certificates, or experience which you feel makes you especially suited for work at

## **IMPORTANT**: Please read all of the following statements before signing.

I certify that the information shown on this application is correct and complete to the best of my knowledge and that I have not knowingly withheld any fact or circumstance. I understand that falsification or omission of information on this application may result in disqualification from further consideration for employment or, if hired, dismissal from employment.

I authorize the employer and its representatives to investigate any and all of the information contained on this application, to conduct additional investigation of my experience and background as it relates to my application and to contact former employers, except those specifically identified on page one of this application. Employers listed on this application are hereby authorized to give any and all information concerning my previous employment.

I understand that all offers of employment are contingent upon satisfactory proof of identity and legal authorization to work in the United States. I understand that if I am unable to provide such proof, I am no longer eligible for employment.

I understand that this application does not represent an offer of, or contract for, employment. I understand that employment with the company is "at-will" and that no guarantee of a job for any period of time exists. I specifically agree that my employment may be terminated, with or without cause, at anytime, at the option of either the employer or myself. I understand that no representations may be made which are contrary to the foregoing.

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Signature:	Date:	
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