

EMPLOYMENT APPLICATION



(Must be filled out completely or it will not be processed further)

TODAY'S DATE: _____ EMAIL: _____

NAME: _____
Last First Middle

CURRENT ADDRESS _____
Street City State Zip

PERMANENT ADDRESS _____
Street City State Zip

PHONE NUMBER _____ CELL PHONE NUMBER _____

APPLICANT NOTE

This application form is intended for use in evaluating your suitability for employment. It is not an employment contract. Please answer all questions completely and to the best of your ability. False or misleading statements on this application or any other employment related documents are grounds for refusal or termination of employment and benefits. Federal law provides penalties for false statements or documents related to U.S. employment eligibility. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin, sexual orientation, disability or other protected class status. A criminal conviction will not necessarily bar an applicant from employment. We are an **equal opportunity employer**. Employment is "at will" and may be terminated by either the company or the employee at any time with or without cause or notice. Additional testing of job-related skills, physical condition and for the **presence of drugs and/or alcohol** in your body may be required prior to employment.

TYPE OF WORK

For which position are you applying? _____ What date can you start? _____

What category would you prefer? Full time Part time Temporary

Which schedules can you work? Weekdays Overtime

1st Shift 2nd Shift 3rd Shift

EDUCATIONAL DATA

SCHOOL	PRINT NAME, CITY & STATE FOR EACH SCHOOL LISTING	NUMBER OF YEARS COMPLETED	DIPLOMA, DEGREE, MAJOR OR TYPE OF COURSE
High School			
College			
Graduate School			
Trade, Business or Correspondence			

EMPLOYMENT

Please give an accurate and complete employment record. Start with your present or most recent employer.

Company Name

Telephone
()

Address

Employed-(month and year)

From To

Name of Supervisor

May we contact? Yes NoPay Rate Per: *hr/wk/month/annual*

Start \$ _____ End \$ _____

Per _____ Per _____

State Job Title and Describe Your Work

Reasons for Leaving

Company Name

Telephone
()

Address

Employed-(month and year)

From To

Name of Supervisor

May we contact? Yes NoPay Rate Per: *hr/wk/month/annual*

Start \$ _____ End \$ _____

Per _____ Per _____

State Job Title and Describe Your Work

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Company Name

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Address

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Start \$ _____ End \$ _____

Per _____ Per _____

State Job Title and Describe Your Work

Reasons for Leaving

MILITARY

Did you serve in the U.S. Armed Forces? Yes No

If "Yes", in what Branch?

What was/is your military occupational specialty?

Describe any training received relevant to the position for which you are applying.

SKILLS

Office:(List)

Production/Mobile:

___Forklift

___Power Tools

Other: _____

Other Skills: (List)

GENERAL INFORMATION

As required by the Immigration Reform and Control Act of 1986, will you be able to provide identity & right to work in the USA if hired by this company? Yes No

Have you ever applied for employment at Incertec? Yes No If yes, when? _____

Have you previously been employed by this company or its affiliates? Yes No

If yes, when? _____

Please explain any periods of unemployment that are longer than 30 days: _____

Who referred you to this company?

Employment Agency Newspaper Advertisement Walk in Employee _____

State Employment Office College Placement Service Other _____

(Continued next page)

CERTIFICATION

I certify that I have read and understand the Applicant Note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation of the facts called for in this application will result in rejection of my application or discharge at any time during my employment.

I understand that upon receiving a job offer, a physical examination and drug/alcohol screening may be required. I must successfully pass to be employed. Further I understand that once employed I can be subject to random testing per company policy and FAA requirements.

I understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or HR official of the company, and then only by means of a signed, written document.

SIGNED

DATE

FOR OFFICE USE ONLY

BACKGROUND INFORMATION REQUESTED:

- REFERENCES CRIMINAL HISTORY MVR (DRIVING RECORD)
- OTHER _____

ARRANGE INTERVIEW: Yes No INTERVIEWER:

EMPLOYED: Yes No

DATE OF EMPLOYMENT: _____ DATE OF DRUG/ALCOHOL TEST: _____

JOB TITLE: _____ PAY RATE: _____ SHIFT DIFF: _____

NOTES