

COLMAC INDUSTRIES, INC.
Employment Application



Qualified applicants receive consideration for employment without discrimination because of sex, marital status, race, color, creed, religion, national origin, age, the presence of a non-job-related handicap, or status as disabled.

Provide all information requested by typing or printing in ink. Please read carefully before you sign this application. False statements on this application shall be considered sufficient cause for termination.

APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Street Address						Apartment/Unit #	
City			State			ZIP	
Phone			E-mail Address				
Date Available			Desired Salary				
Position Applied for							
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Are you legally authorized to work in the U.S.?			<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you at least 18 years of age?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you able to perform the essential functions of the job, with or without reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO							

EDUCATION/TRAINING	Name and Location of School	Graduate?	Subjects Studied
High School			
College			
Other Training (particularly training that led to license or certification)			

Are you taking or do you plan to take any additional education? If so, what?

Languages read, written or spoken fluently other than English:

SPECIAL SKILLS/ABILITIES (list all pertinent skills and equipment that you can operate, including hobbies and related interests)

REFERENCES

Please list three references.

Full Name		Relationship		Yrs known	
Address		Phone	()		
Full Name		Relationship		Yrs known	
Address		Phone	()		
Full Name		Relationship		Yrs Known	
Address		Phone	()		

PREVIOUS/CURRENT EMPLOYMENT

Company				Phone	()	
Address				Supervisor		
Job Title						
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company				Phone	()	
Address				Supervisor		
Job Title						
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company				Phone	()	
Address				Supervisor		
Job Title						
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein. I therefore release all persons or parties providing information in connection with this application from all claims, liability and damages which may arise as part of this investigation. **I understand that misrepresentation or omission of facts called for herein will be sufficient cause for cancellation of consideration for employment or termination of continued employment whenever such facts are discovered.**

This application shall be retained in an active file for a period of 1 year. I understand that this application is not valid without my signature.

I agree to participate in the various testing procedures and programs that may be required to determine my suitability for employment such as: Ergonomic (physical condition) testing, drug and alcohol abuse screening.

If employed, I agree to conform to the rules of this company, and hereby acknowledge that such employment may be terminated at any time, with or without cause, at the option of either myself or the company.

Signature				Date	
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DO NOT WRITE IN SPACE BELOW

PERSONNEL ACTION

1. Interviewed by:		Date	
2. Interviewed by:		Date	
Hire Date:		Position:	
Wage:			
Comments:			