

APPLICATION FOR EMPLOYMENT

“An Equal Opportunity Employer” M/F/D/V

This Company complies with all applicable federal and state laws prohibiting discrimination in hiring or employment on the basis of race, color, religion, sex, age, national origin, disability, sexual orientation, veteran status or any other characteristic protected by law. No question on this application is intended to secure information to be used for such discrimination.

We are a drug free workplace and applicants will be subject to a medical examination, drug test, and background evaluation. An offer of employment will be conditional based on the successful outcome of the above.

This application will receive active consideration for ninety (90) days. If you have not heard from the Company within ninety days and wish to receive further consideration for employment, it will be necessary to complete another application form. **This form must be filled out completely.**

Position Applying: _____ Date: _____

Name: _____
 Last First Middle I. Email Address

Address: _____
 Number Street City State Zip

Home Phone #: _____ Cell Phone #: _____

How did you learn about the Company? _____

Were you referred to Ferrolux by one of our employees? Yes No Name of Employee: _____

Are you related to a Ferrolux employee? Yes No Name of Employee: _____

Are you at least 18 years of age? Yes No Have you applied previously with Ferrolux? Yes No

What skills or experiences qualify you to work at Ferrolux? _____

Are you legally eligible for employment in the United States now and in the future? Yes No (if yes, proof of identity and eligibility will be required upon employment)

MILITARY SERVICE

Branch:		From:	To:
Rank at Discharge:		Type of Discharge:	
If other than honorable, please explain:			

Have you ever been convicted of a crime? Yes No (A conviction will not necessarily bar you from employment. Each conviction will be judged on its own circumstances).

If yes, indicate the date(s), nature and place of each offense and disposition of the case. If you answer yes, you will not automatically be disqualified from consideration.

<u>Date</u>	<u>Nature</u>	<u>Place</u>	<u>Disposition</u>

EDUCATION

School Name	Address	Circle Year Completed	Did You Graduate	Diploma or Degree
High School		9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT RECORD

Please list your employers beginning with the current or most recent:

Company Name, Address, & Phone	Date		Job Title	Salary		Supervisor's Name & Title	Reason for Leaving
	Start	End		Start	End		

AGREEMENT AND CERTIFICATION

I hereby authorize the Company to make investigations of my person, employment and other related matters as may be necessary at arriving at an employment decision or verifying the information related to my application. I have been told that this investigation may include an Investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I understand that before a final offer of employment is made I will be required, and I agree to undergo, testing for the illegal use of drugs and/or alcohol. I understand that a confirmed positive test result will disqualify me from employment by the Company.

I also understand and agree that the Company has the right to modify, amend, or terminate policies, procedures, rules, and benefit plans in its discretion and/or a manner consistent with requirements imposed by law.

If I am employed by the Company, I understand that my employment is at-will and for no definite period of time. Either the Company or I may terminate my employment at any time, with or without reason and with or without notice. I further understand that my employment is at-will regardless of any statement made by an employee or agent of the Company or in any policy, program, practice, handbook, or any other written or oral materials of the company. I further understand that I should not rely upon any oral or written statement, policy, practice, program or handbook to my detriment. I understand that no employee or agent of the Company has any authority to make any agreements with me concerning the duration of my employment.

My signature below constitutes full acceptance of this employment application in its entirety and certifies that all the information provided herein is true and correct to the best of my knowledge.

Applicant's Name (Please Print)

Signature of Applicant

Date

