

Application for Employment



C & L Rivet Company



C & L Rivet Company is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

PERSONAL:

Name _____ Date _____
Last First Middle

Address _____

Phone Number _____ Position Sought _____ FT PT

Date Available _____ Salary Desired _____

Are you over 18 years old? Yes No

Are you legally eligible for employment in the United States? Yes No

(If offered employment, you will be required to provide documentation to verify eligibility.)

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: No. of Yrs Completed (circle one) 1 2 3 4 _____ Diploma _____ G.E.D. _____ Neither

School(s) _____ City/State _____

College and/or Vocational School:

Number of Years Completed (circle one) 1 2 3 4

School(s) _____ City/State _____

Major _____ Degrees Earned _____

Other Training or Degrees:

School(s) _____ City/State _____

Major _____ Degrees Earned _____

Please list any other institutions you wish to add with relevant data.

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s) Held _____

Other Professional Memberships _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

Have you ever been employed in any facility of [Company]? Yes No

If so, please state facility name and location and dates of employment

EMPLOYMENT: List last employer first, including U.S. Military Service.

May we contact your present employer?
 Yes No

If any employment was under a different name, indicate name

Employer _____

Address _____

Phone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Supervisor _____

Department _____

Duties _____

Reason for Leaving

May we contact your present employer?
 Yes No

If any employment was under a different name, indicate name

Employer _____

Address _____

Phone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Supervisor _____

Department _____

Duties _____

Reason for Leaving

Past Positions Continued

May we contact your present employer?
___ Yes ___ No

If any employment was under a different name, indicate name

Employer _____

Address _____

Phone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Supervisor _____

Department _____

Duties _____

Reason for Leaving

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Employer _____

Address _____

Phone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Supervisor _____

Department _____

Duties _____

Reason for Leaving

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job? ___Yes ___No

If yes, explain: _____

REFERENCES:

Professional

Name _____

Title _____

Email _____

Phone (____) _____

Company _____

Years Known _____

- Supervisor**
- Peer**
- Direct Report**
- Other** _____

Professional

Name _____

Title _____

Email _____

Phone (____) _____

Company _____

Years Known _____

- Supervisor**
- Peer**
- Direct Report**

Other _____

Professional

Name _____

Title _____

Email _____

Phone (____) _____

Company _____

Years Known _____

- Supervisor**
- Peer**
- Direct Report**

Other _____

APPLICANT'S CERTIFICATION AND AGREEMENT

Please read carefully, initial each paragraph and sign at the bottom of the page.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, I authorize the references I have listed to disclose to the Company all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between the Company and me. In addition, I understand and agree that if I am employed, my employment is at will and is for no definite or determinable period and may be terminated at any time, with or without prior notice, or with or without cause, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

I understand that in connection with my application for employment, the Company may obtain a consumer report and/or investigate consumer reports about me that may contain information as to my character, general reputation, personal characteristics, and mode of living. Such reports may include or consist of my driving history obtained from the Department of Motor Vehicles. I further understand that any job offer extended by the Company is contingent upon receipt of a favorable consumer or investigative consumer report about me.

I understand that in connection with my application for employment, depending upon the position for which I have applied, any offer of employment is conditioned upon my taking and passing a post-offer/pre-employment drug test, and if necessary for the position for which I have applied, a post-offer/pre-employment medical examination. I understand that I may refuse to take any required pre-employment drug test and/or medical examination, but that if I do, any offer of employment will be immediately withdrawn.

I HAVE READ THE ABOVE PARAGRAPHS, UNDERSTAND THEIR IMPORTANCE AND EFFECT UPON MY EMPLOYMENT, AND ACCEPT SAME AS CONDITIONS OF MY EMPLOYMENT WITH COMPANY.

This application, when completed and signed, becomes the property of Company.

Applicant Signature _____ Date _____

Print Name _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:

DATE:

REMARKS:

NEATNESS

ABILITY

HIRED: Yes No

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED:

1.

2.

3

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER