

Robert's Manufacturing Co., Inc. APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

Please complete application in full

Name: First	Middle	Last	Date
Address: Number	Street	Social Security Number	
City	State	Zip	Phone No. Position Applying For

Name of School	Location: City & State	Major	Years Completed	Graduate ?
Junior High			6 7 8	
High School			9 10 11 12	
College / University			1 2 3 4	
Graduate / Professional			1 2 3 4	
Other (Vocational, etc.)			1 2 3 4	

Any specialized training, apprenticeships, licenses, certificates that would be job related?

Branch of Military Service:
Any job related training? Describe:

Describe any Honors or Awards:

Activities, Hobbies, Professional, Trade, or Civic participation (exclude those that would reveal race, sex, religion, age, national origin, disability, or other protected status)

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Are you prevented from lawfully becoming employed in the USA because of VISA or immigration status?

Duration and time of Desired Employment:

Permanent Temporary Full Time Part Time Date Available: _____

Will you work overtime if the job requires? Yes No If no, please explain:

Are you physically or otherwise unable to perform any of the duties of the job? Yes No
If yes, are there any accommodations we could make that would allow you to perform the essential functions of the job?

Can you travel if the job requires it? Yes No

Are you currently on layoff status or subject to recall? Yes No

Have you ever been convicted of a crime? Yes No
If yes, please explain:

EMPLOYMENT HISTORY

Begin with current or most recent employment (Explain any gaps in the comments section)

Employer Name & Address		Dates of Employment (month & year)		Wage Rate
Name		From	To	Starting
Address		Phone Number		Last
City	State	Zip	()	
Job Title / Duties				
Supervisor's Name		Why did you leave?		
May we contact for references?		Yes	No	

Name		From	To	Starting
Address		Phone Number		Last
City	State	Zip	()	
Job Title / Duties				
Supervisor's Name		Why did you leave?		
May we contact for references?		Yes	No	

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Name	From	To	Starting
Address	Phone Number		Last
City	State	Zip	()
Job Title / Duties			
Supervisor's Name		Why did you leave?	
May we contact for references? Yes No			

Name	From	To	Starting
Address	Phone Number		Last
City	State	Zip	()
Job Title / Duties			
Supervisor's Name		Why did you leave?	
May we contact for references? Yes No			

Name	From	To	Starting
Address	Phone Number		Last
City	State	Zip	()
Job Title / Duties			
Supervisor's Name		Why did you leave?	
May we contact for references? Yes No			

Summarize any job related skills and qualifications:
Comments:

Please read and place your *initials* after each statement, acknowledging that you have read and understand the statements.

My statements and answers to the previous questions are true and complete to the best of my knowledge. I understand that any falsification of this form is sufficient cause for discharge whenever discovered. _____

I give the employer the right to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information _____

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law. _____

This application will be current for six months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer. _____

I understand that employment may be subject to the satisfactory completion of a drug and alcohol test and that after employment, a positive test or refusal to be tested may affect eligibility for Workers' Compensation Benefits. _____

I understand that if I am hired, I will be required to provide proof of identity and legal work authorization. _____

Signature of Applicant

Date