

Application for Employment

It is the policy of the company to provide equal opportunity with regards to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age or any other protected characteristic. **PLEASE PRINT.**



Name _____
Address _____
City/State/Zip _____
Phone _____
Position applied for _____
_____ Shift preferred: 1 2 3 Any

Special training or skills: (language, machine operation, etc.) that would benefit you in the job for which you are applying: _____

Would you accept full-time work? Yes No Part-time work? Yes No

On what date would you be available for work? _____

Rate of pay desired (**do not leave blank**): _____

Have you ever applied at this company before? Yes No Date applied: _____

Have you ever been employed here before? Yes No Dates: _____

Do you have a legal right to be employed in the U.S.? Yes (proof may be required) No

Are you at least 18 years of age? Yes No (If not, a work permit will be required)

For office use only

Employee # _____

Hire date _____

Position _____

Rate _____

Class _____

Other notes: _____

Attachments

- Resume
- Release form signed
- Applicant Reference check
- Applicant Interview notes
- Payroll Change Notice

Educational Background

High School:

Name and location _____

Course of study _____ Did you graduate? Yes No Degree or Diploma _____

College, Graduate or Vocational School:

If you have a technical or vocational education or college level education, **please attach a complete resume** indicating dates attended, names of schools, and degrees attained.

List applicable skills or training: _____

Previous Employers and Addresses

Place an **X** by your current employer if you do **NOT** want us to contact. Begin with your present experience, listing additional experience in descending order, or attach a resume. **All time must be accounted for – leave no blanks or gaps in time.**

1. Company Name/Address _____
_____ Phone () _____

Supervisor Name & Title _____
Employed from ____/____/____ To ____/____/____ Position _____
Month Year Month Year
Reason for leaving _____ Last wage _____

2. Company Name/Address _____
_____ Phone () _____

Supervisor Name & Title _____
Employed from ____/____/____ To ____/____/____ Position _____
Month Year Month Year
Reason for leaving _____ Last wage _____

3. Company Name/Address _____
_____ Phone () _____

Supervisor Name & Title _____
Employed from ____/____/____ To ____/____/____ Position _____
Month Year Month Year
Reason for leaving _____ Last wage _____

4. Company Name/Address _____
_____ Phone () _____

Supervisor Name & Title _____
Employed from ____/____/____ To ____/____/____ Position _____
Month Year Month Year
Reason for leaving _____ Last wage _____

General Information:

Have you ever been fired from a job? Yes No Date: _____ Ever been convicted of a criminal offense? Yes No Date: _____

If you answered YES to either of the above, please explain (Note: A criminal record is not an automatic bar to employment and will be considered only as reasonably related to the job in question): _____

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION AND ANY ATTACHMENTS IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Applicant's signature _____ Date _____

Applications will be reviewed by the Human Resources Department. As positions become available, applicants selected for interviews will be contacted. No phone calls please.



Authorization of Disclosure and Release of Information

I authorize **Enzymatic Therapy Inc.** and its affiliates or research agencies, to investigate all statements contained in my application for employment and retrieve information relating to my past activities for purposes of such investigation from all relevant individuals and organizations, including but not limited to personnel, educational institutions, government agencies, companies, law enforcement agencies, federal, state and county records and consumer reporting agencies, to supply any and all information concerning my background and credit worthiness, and release the same from any liability resulting in providing such information. I understand I have the right to request additional information about these inquiries and any subsequent reference reports.

I hereby certify that all the statements and answers contained in my application for employment and on this form are true and complete to the best of my knowledge and I understand that any false statements and/or answers or omissions of information contained in my application for employment and on this form will be sufficient cause for cancellation of employment consideration or dismissal, if I have been employed.

I authorize that a photocopy or fax of this authorization be accepted with the same authority as the original: and that this authorization be in effect throughout my candidacy for employment and, if employed by Enzymatic Therapy, Inc and its affiliates, this authorization remain in effect throughout my employment.

Print Name (first, middle initial, last)

Signature

Date

Street

City

State

Zip