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## APPLICATION FOR EMPLOYMENT

Today's Date: \_\_\_\_\_

### **Personal Information:**

Name (First, Middle, Last): \_\_\_\_\_

Present Street Address: \_\_\_\_\_

Present City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you 18 Years or Older?  Yes  No *\*If under 18, hire is subject to verification that you are of minimum legal age.*

If hired, can you present evidence of your legal right to work in the US?  Yes  No

If hired, would you have a reliable means of transportation to and from work?  Yes  No

### **Job Interest:**

Position for which you are applying: \_\_\_\_\_

Number of years of experience in position for which you are applying: \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation:  Yes  No

If no, describe the functions that cannot be performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*\*Note: we comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and to skill and agility tests.*

When can you start: \_\_\_\_\_ Are you currently employed?  Yes  No

Starting salary you would consider: \_\_\_\_\_

How were you referred to the company? \_\_\_\_\_

**Training & Education:**

Highest level of education completed:

High School Diploma/Equivalent

Some College

4 Year Degree

Post Graduate

	Name & Location of School	# Of Years Attended	Did You Graduate? (Y/N)	Subjects Studied	Degree
High School/GED					
College					
Graduate School					
Business/ Vocational					
Other					

Please list seminars, workshops, or formal training programs attended: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any other skills or certifications which are related to the position you are applying for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment History:**

List below all present and past employment starting with your most recent employer (7 years is sufficient). You must complete this section even if attaching a resume.

Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Position: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisors name: \_\_\_\_\_

May we contact this employer for a reference:  Yes  No



Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Position: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisors name: \_\_\_\_\_

May we contact this employer for a reference:  Yes  No

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Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Position: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisors name: \_\_\_\_\_

May we contact this employer for a reference:  Yes  No

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Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Position: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisors name: \_\_\_\_\_

May we contact this employer for a reference:  Yes  No

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Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Position: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisors name: \_\_\_\_\_

May we contact this employer for a reference:  Yes  No



**References:**

Please list three professional references:

Name	Phone Number	Relationship	Years Acquainted

**Please read carefully, initial each paragraph and sign below:**

\_\_\_\_\_ 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 the application or for immediate discharge if I am employed, regardless of the time elapsed before discovered.

\_\_\_\_\_ I hereby authorize Soltek Pacific to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Soltek Pacific, my former employers and all other persons, corporations, partnerships and associates 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 me and Soltek Pacific. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Soltek Pacific, and that no promises or representations contrary to the foregoing are binding on Soltek Pacific unless made in writing and signed by me and Soltek Pacific's designated representative.

\_\_\_\_\_ Should a search of public records (including criminal history, civil judicial action, tax lien or outstanding judgement) be conducted by internal personnel employed by Soltek Pacific, I am entitled to copies of any such public records obtained by Soltek Pacific unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box.

I waive receipt of a copy of any public record described in the paragraph above.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_