



# Application for Employment

As an equal opportunity employer, Enrotech Corp. does not discriminate against qualified applicants or employees on the basis of sex, race, color, religion, national origin, ancestry, age (40 years of age or older), disability, veteran status, or any other characteristic protected by federal, state or local law. Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of Enrotech Corp.'s Human Resources Department.

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Position applying for: \_\_\_\_\_ Desired Salary/Wage: \_\_\_\_\_

Date you can start work: \_\_\_\_\_ Type of employment desired:  Full Time  Part Time

Days you can work:  Sun  Mon  Tue  Wed  Thur  Fri  Sat Shift:  1<sup>st</sup> (days)  2<sup>nd</sup> (afternoons)

Have you been employed by this company before?  Yes  No If yes, when & in what capacity? \_\_\_\_\_

If offered employment, can you provide proof of your legal right to work in the U.S.?  Yes  No

If you are under 18, do you have a work permit?  Yes  No

Have you ever been convicted of a crime (including guilty and no contest pleas) other than a minor traffic violation?  Yes  No

If yes, please provide details (a prior criminal conviction will not necessarily bar you from employment; each instance and explanation will be considered in relation to the position for which you are applying):

Can you travel if required?  Yes  No Are you willing to relocate?  Yes  No

## EDUCATIONAL BACKGROUND

<i>School Name &amp; Location</i>	<i>Graduated</i>	<i>Diploma/degree</i>	<i>Course of Study/Major</i>
High School: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	<input type="checkbox"/> Diploma	_____
College: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Degree	_____
Graduate: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Degree	_____
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Degree	_____
Special Training: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Degree	_____

Special Skills, Training, Licenses or experiences that may qualify you as being able to perform job-related functions in the position for which you are applying: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## WORK EXPERIENCE

Please complete in detail and list chronologically starting with present employer, please include any military service. Please go back at least 7 years, use additional sheet(s) if necessary.

### **CURRENT OR LAST EMPLOYER**

Name of employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Job duties: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ok to contact: Yes No Later

### **2<sup>ND</sup> Last Employer**

Name of employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Job duties: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ok to contact: Yes No Later

### **3<sup>RD</sup> LAST EMPLOYER**

Name of employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Job duties: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ok to contact: Yes No Later

### **4<sup>TH</sup> LAST EMPLOYER**

Name of employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Job duties: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ok to contact: Yes No Later

Please explain any gaps in your work history: \_\_\_\_\_

Have you ever been discharged or asked to resign for a job? Yes No

If yes, please explain: \_\_\_\_\_

Have you signed a non-compete agreement or other similar contract that restricts your ability to work for a former employer's competitors?

Yes No

*If yes, please provide a copy with the application.*

## REFERENCES

Please provide three individuals not related to you that you have known more than a year. At least two of the references should be individuals who know you in a professional context.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

**Please read the following statements carefully before signing to indicate your understanding.**

### EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of Enprotech Corp and its subsidiaries (the Company) to insure and promote equal opportunity for all qualified persons employed or seeking employment with the Company, without regard to race, color, religion, age (40 and over), gender, national origin, disability, veteran status, or any other protected characteristic pursuant to applicable federal, state or local laws.

### AT WILL EMPLOYMENT

I understand and agree that neither my acceptance or continuation of employment with the Company, nor any of the Company's policies, procedures or practices, whether written or oral, create or are to be construed as an expressed or implied contract of employment, promise of continued employment, or statement of contractual conditions of employment. To the contrary, all employees of the Company are employees at will and may resign or be discharged by the Company at any time and for any reason. Except for the President of the Company in a writing signed by both the President and the employee, no other officer, supervisor or employee has the authority to enter into, create or otherwise make any employment contract or agreement contrary to the foregoing.

### PRE-EMPLOYMENT PHYSICAL/ALCOHOL/DRUG SCREENING

I understand that in accordance with Company policy and procedure, I may be required to undergo a Company paid post-offer pre-employment physical and or alcohol/drug screening as a condition of the offer of employment extended by the Company. Applicants who refuse to sign a Consent Release form for alcohol/drug testing or to provide a urine/blood/breath sample for screening will not be eligible for employment. Subject to applicable laws, an applicant must satisfactorily pass the pre-employment physical, including alcohol/drug screening, in order to be employed by the Company. Employment with the Company is conditional until the results of any pre-employment physical or alcohol/drug screen are known.

### PRE-EMPLOYMENT BACKGROUND CHECK

I authorize the Company to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of all statements contained in this application, and I release the Company and its representatives from any liability for doing so. I hereby release these references, employers, and educational institutions from all liability for any information they may provide to the Company and waive any right that I might have to be provided with notice that they are releasing this information.

### CERTIFICATION

I hereby certify that all the answers to questions and information given on this application, in any interview or in connection with other Company records is/are true and correct. I have not withheld, misstated or misrepresented any facts, information or circumstances regarding my application of employment. I understand that any omission, misstatement or misrepresentation of the facts, information or circumstances may result in rejection of the application, withdrawal of any offer of employment, or, if employed by the Company, disciplinary action up to and including termination of employment, regardless of when the misrepresentation or material omission is discovered.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Company and still wish to be considered for employment, it will be necessary to fill out a new application.

**I ACKNOWLEDGE AND CONFIRM THAT I HAVE READ, UNDERSTAND AND AGREE TO ALL OF THE FOREGOING AND SEEK EMPLOYMENT UNDER THESE CONDITIONS.**

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_