



APPLICATION FOR EMPLOYMENT

Albers Finishing & Solutions LLC considers applicants for all positions without regard to race, color, religion, sex, age, national origin, ancestry, disability, genetic information, sexual orientation, gender identity, gender expression, marital status, or any other category protected by law.

PERSONAL INFORMATION:

DATE: _____

NAME (Last, First, Middle):

PRESENT ADDRESS (Street, City, State, Zip):

HOW LONG:

PHONE NUMBER WITH AREA CODE:

SOCIAL SECURITY NUMBER:

NAME and RELATIONSHIP OF ANY RELATIVES IN OUR EMPLOY:

REFERRED BY:

Are you over eighteen (18) years old? Yes No If not, please state your age _____

Are you lawfully eligible to be employed in the United States? Yes No

Pursuant to Federal law, all employees are required to provide proof of eligibility to work in the United States within the first three (3) days of employment.

Have you been convicted of or pled guilty to a felony or misdemeanor? Answer "No" for any convictions that have been expunged, sealed, or eradicated by a court. Yes No If yes, please explain:

A "yes" response will not automatically exclude this application for consideration. What you were convicted of, how long ago, the position you are applying for, and applicable state law are important factors.

EMPLOYMENT DESIRED:

POSITION:

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING? Yes No
 If no, please explain (if you have any question as to what essential functions are applicable to the position for which you are applying, please ask the interviewer before answering this question).

DATE YOU CAN START:

WAGE DESIRED:

ARE YOU EMPLOYED NOW?

MAY WE CONTACT YOUR PRESENT EMPLOYER?

HAVE YOU APPLIED TO ALBERS FINISHING & SOLUTIONS LLC BEFORE?

WHEN? WHERE?

EDUCATION:

SCHOOL	NAME & LOCATION	GRADUATED? NUMBER OF YEARS ATTENDED	MAJOR/ SUBJECTS STUDIED/ DEGREES OBTAINED
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
TECHNICAL SCHOOL			
OTHER (SPECIFY):			

OTHER INFORMATION:

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:

SPECIAL TRAINING:

PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES (INCLUDING PROFESSIONAL LICENSES):

You may exclude membership which would reveal your sex, race, color, religion, national origin, age, disability, veteran status, or other protected status.

DESCRIBE ANY EXPERIENCE OR SKILLS RELEVANT TO THE POSITION YOU ARE APPLYING FOR:

REFERENCES:

Give the names of three (3) persons not related to you whom you have known for at least three (3) years.

Name	Address	Phone Number	Years Acquainted
1.			
2.			
3.			

FORMER EMPLOYERS:

List all employers for whom you have worked for the last ten (10) years, starting with present or most recent. Include periods of unemployment. Attach additional sheets if necessary. Even if you provide a résumé, you must complete this section.

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	WAGE	POSITION	REASON FOR LEAVING <i>(including whether you were terminated)</i>
FROM				
TO:				
FROM				
TO:				
FROM				
TO:				
FROM				
TO:				
FROM				
TO:				

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I agree and understand that the company may investigate my background and employment history to ascertain any and all information pertaining to my record. I authorize the release of such information from previous employers and persons named herein and I release the company and such entities or persons from all liability for any and all damages resulting from the obtaining, furnishing, and release of such information.

Should an offer of employment be extended to me and accepted, I will fully adhere to the policies and rules of employment of Albers Finishing & Solutions LLC. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documents or conduct, unless such change is specifically acknowledged in writing by an authorized executive of this organization. Further, I understand that nothing in this application process, written or otherwise, creates an implied or express contract of employment.

My signature certifies that this application was completed by me, the undersigned, and that all entries and information submitted is true and correct to the best of my knowledge. I understand that any misrepresentations, omissions, or false statements by me in this application, in any supplement thereto, or in any other company records, will be sufficient grounds for not employing me and/or may result in termination of employment without notice at any time during my employment. I further acknowledge that I have read the entire contents of this Application for Employment, and fully understand and agree to the same.

Signature of Applicant

Date