# APPLICATION FOR AT WILL EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, creed, color, age, sex, religion or national origin.

## PERSONAL INFORMATION

Date:

Name:

Last First Middle

Social Security Number: Telephone:

Address:

Street City State Zip

E-mail Address:

Have you ever worked under or attended school under a different name? ☐ Yes ☐ No

If yes, what name?

Referred by:

## EMPLOYMENT DESIRED

☐ Production ☐ Regular ☐ Temporary or Summer Work ☐ Part Time

☐ Support Staff ☐ 1st Shift (M-F days)

Position: Date you can start:

Are you employed now? ☐ Yes ☐ No If so, may we contact your present employer? ☐ Yes ☐ No

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule other than Monday through Friday. I understand and accept these as conditions of employment.

## EDUCATION/TRAINING

| | Name and Location of School | Check Last Year Completed | Did You Graduate? | Subjects Studied and Degree(s) Received |
|---|---|---|---|---|
| High School | | 1 2 3 4 ☐☐☐☐ | ☐ Yes ☐ No | |
| College | | 1 2 3 4 ☐☐☐☐ | ☐ Yes ☐ No | |
| Trade, Business or Correspondence School | | 1 2 3 4 ☐☐☐☐ | ☐ Yes ☐ No | |

Other Special Training You Have Received

| Training | Place | Date |
|---|---|---|
| Training | Place | Date |

| | | |
|---|---|---|
| Are you an Armed Forces Veteran? | ☐ Yes | ☐ No |
| Have you ever been convicted of a felony? | ☐ Yes | ☐ No |

## EMPLOYMENT RECORD

List below your last four employers, starting with most recent or current position.

| Date Month and Year | Name and Address of Employer | Salary | Duties of Position | Reason for Leaving |
|---|---|---|---|---|
| From:<br>To: | | | | |
| From:<br>To: | | | | |
| From:<br>To: | | | | |
| From:<br>To: | | | | |

## REFERENCES

Give below the names of three of the above employers whom we may contact.

1. _____

Employer/Supervisor Company Telephone

2. _____

Employer/Supervisor Company Telephone

3. _____

Employer/Supervisor Company Telephone

I authorize the references listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal and otherwise. I release these parties from any liability for any damage that may result from furnishing this information to you.

## PERSONAL RECORD

I hereby consent to a medical exam as requested by NASCENTechnology as a condition of potential or continuing employment.

Another number at which I may be reached: Name: _____ Phone: _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may be terminated at any time without previous notice.

Date: _____ Signature: _____