

## ABA-PGT Inc.

### APPLICATION FOR EMPLOYMENT

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. Application must be completed in full.

Position applied for \_\_\_\_\_

Date of Application \_\_\_\_\_

PERSONAL INFORMATION				
Last Name	First	Middle		
Street Address				
City		State	Zip	
Email Address:			Cell Phone	
Are you eligible to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you at least 18 years or older? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, you may be required to provide authorization to work.)		
Can you work any shift? <input type="checkbox"/> YES <input type="checkbox"/> NO		Can you work overtime, including weekends? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EMPLOYMENT DESIRED				
Date you can start		Hourly Rate/Salary desired		
Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If so may we inquire of your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO				
REFERRAL SOURCE				
How did you hear about us?      WALK-IN    ADVERTISEMENT    REFERRAL    OTHER				
Do you know anyone who works for our company? If YES, who _____				
EDUCATION				
EDUCATION	Name & location of school	No. of years attended	Degree received	Subject Studied
High School				
College or University				
Trade, Business or Correspondence School				

## EMPLOYMENT HISTORY

Begin with your most recent employment and continue with all past employment – attach additional sheet if necessary

Employer Name & Address		Telephone	From	To
Job Title	Immediate Supervisor & Title			
Summarize nature of work performed & job responsibilities				
Employer Name & Address		Telephone	From	To
Job Title	Immediate Supervisor & Title			
Summarize nature of work performed & job responsibilities				
Employer Name & Address		Telephone	From	To
Job Title	Immediate Supervisor & Title			
Summarize nature of work performed & job responsibilities				
Employer Name & Address		Telephone	From	To
Job Title	Immediate Supervisor & Title			
Summarize nature of work performed & job responsibilities				

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes

Explain \_\_\_\_\_

Computer skills please describe: \_\_\_\_\_

## REFERENCES

Name	Address, Phone	Company /Occupation	Years Known

**ATTENDANCE & PUNCTUALITY INFORMATION**

Consistent attendance and punctuality are essential requirements of every job with this company. If there is anything which would interfere with your regular attendance and punctuality if you are offered a job with the company? [ ] YES [ ] NO If YES, please explain\_\_\_\_\_

**NOTIFICATION AND AGREEMENT**

**PLEASE READ BEFORE SIGNING**

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED. IT IS EXPECTED THAT EACH EMPLOYEE WILL CONDUCT THEMSELVES WITH HONESTY AND INTEGRITY. THE DELIBERATE FALSIFICATION OF COMPANY DATA THAT COULD ADVERSELY AFFECT THE COMPANYS REPUTATION, CREDIBILITY OR FINANCIAL STATUS MAY BE GROUNDS FOR IMMEDIATE DISMISSAL. \_\_\_\_\_ (initial)**

Questions regarding this statement should be directed to any employment interviewer before signing.

The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and any other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE\_\_\_\_\_ DATE\_\_\_\_\_

**FOR EMPLOYER USE ONLY**

Interviewed by	Date	Rate	Start date
Department		Title	