



APPLICATION FOR EMPLOYMENT FORM

Aseptico is an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by federal, state, or local law.

Position Applied For: _____

Referral Source: _____

Name: _____

Preferred Name: _____

Address: _____

E-Mail Address: _____ Phone: (____) _____

<p>Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date you can start work: _____</p> <p>May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Are you on layoff status or subject to recall elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you wish to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary</p> <p>Are you willing and available to work? <input type="checkbox"/> On call</p> <p><input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights</p> <p><input type="checkbox"/> Overtime <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays</p> <p>If applying for a job that requires one, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Have you previously applied with us? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>When? _____</p> <p>Have you previously worked with us? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>When? _____</p> <p>Are any of your records under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, what name? _____</p> <p>Do you have any relatives working for us? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, who? _____</p> <p>Is there any reason you might be unable to meet our attendance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain: _____</p>
--	--

Education/Training	Name and Location of School	Did You Graduate?	Subjects Studied
High School			
College			
Other Training (particularly that led to license or certification)			

Are you taking or do you plan to take any additional education? If so, what?

SKILLS / ABILITIES:

List any software or machines you are skilled in using:

List any skills or abilities you have which are pertinent to the position, including hobbies or related interests:

JOB REQUIREMENTS

Will you be able to perform the essential functions of the job, with or without reasonable accommodation?
 Yes No

PLEASE LIST WORK EXPERIENCE, INCLUDING MILITARY AND VOLUNTEER EXPERIENCE	
Current or Most Recent Employer:	
Address: _____	Phone: () _____
Hire Date: _____	Term Date: _____ Supervisor: _____
Job Title & Duties: _____	
Why Did You Leave? _____	
Previous Employer #1:	
Address: _____	Phone: () _____
Hire Date: _____	Term Date: _____ Supervisor: _____
Job Title & Duties: _____	
Why Did You Leave? _____	
Previous Employer #2:	
Address: _____	Phone: () _____
Hire Date: _____	Term Date: _____ Supervisor: _____
Job Title & Duties: _____	
Why Did You Leave? _____	
PROFESSIONAL REFERENCE	
Name: _____	
Address: _____	Phone: () _____
Occupation: _____	How Long Known: _____

PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING THIS APPLICATION

1. As a final step in the hiring process, an applicant may be subject to a drug screening test. If a job offer is made, it may be made contingent upon the successful passing of this test.
2. The facts contained in this application are true and complete. I understand that false, misleading, or incomplete statements on this application may be grounds for disqualification of employment consideration or termination of employment if I am hired.
3. **I UNDERSTAND** that my employment and compensation may be terminated at any time without prior notice, with or without reason, at the option of the company or myself, and understand that no representative of the company, other than the President, has authority to enter into any agreement contrary to the foregoing.

Date: _____ Signature of Applicant: _____

DISCLAIMER: The information in this document is provided for guidance purposes only. It should not be construed as legal advice and is not intended to be a substitute for legal counsel.