

Employment Application for Controlled Fluids, Inc.

Please fill out this application to the best of your ability. We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex age, national origin, disability, veteran status, or any other status or condition protected by applicable federal or state laws.
(Please print)

Name: _____

Is any additional information relative to change of name, nickname necessary to enable a check on your work record?
If so, please explain: _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Phone 1: () _____ **Phone 2:** () _____ **Phone 3:** () _____

Email Address: _____ **Position Applying for:** _____

Social Security: ____ - ____ - ____ **Driver's License No.:** _____ **State:** ____

Education: *Important: Please fill out as much of the school address as you remember:

	Name of School/Location	Area of Study and Other Info
<input type="checkbox"/> Elementary:	_____	
<input type="checkbox"/> High School:	_____	<input type="checkbox"/> Diploma <input type="checkbox"/> GED
	Address: _____	
<input type="checkbox"/> College:	_____	<input type="checkbox"/> Degree _____
	Address: _____	____ Years Completed
<input type="checkbox"/> Graduate:	_____	<input type="checkbox"/> Degree _____
	Address: _____	____ Years Completed
<input type="checkbox"/> Other:	_____	<input type="checkbox"/> Certificate
	Address: _____	Describe: _____
<input type="checkbox"/> Trade School:	_____	<input type="checkbox"/> Certificate
	Address: _____	Describe: _____

Specialized training/Apprenticeship programs, or any special job-related skills:

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Employment History: Please begin with your current or last job. Include military service assignments. If you include volunteer activities, please exclude organizations that might indicate race, color, religion, national origin, disability or other protected status.

Start Date: _____	End Date: _____	Wage: \$ _____ per _____
Employer Name: _____	Supervisor's Name: _____	
Address: _____	Phone: _____	
Job Title: _____	Duties / Responsibilities: _____	

Reason for leaving: _____		

Start Date: _____	End Date: _____	Wage: \$ _____ per _____
Employer Name: _____	Supervisor's Name: _____	
Address: _____	Phone: _____	
Job Title: _____	Duties / Responsibilities: _____	

Reason for leaving: _____		

Start Date: _____	End Date: _____	Wage: \$ _____ per _____
Employer Name: _____	Supervisor's Name: _____	
Address: _____	Phone: _____	
Job Title: _____	Duties / Responsibilities: _____	

Reason for leaving: _____		

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Other Information:

List/Describe any honors, awards, copyrights, or patents: _____

Professional, Trade, Business, or Civic Organizations/Offices:

Please exclude organizations that might indicate race, color, religion, national origin, disability, or other protected status. _____

Foreign languages: Please indicate what foreign languages you can speak, read, and/or write and check the appropriate skill level.

Language: _____ **Speak:** [] Fluent [] Good [] Fair
Write: [] Fluent [] Good [] Fair
Read: [] Fluent [] Good [] Fair

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Military History:

Job-related training: _____

Current Status: _____

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Personal:

If under the age of 18, can you provide proof of eligibility to work? [] Yes [] No [] Not Applicable

Have you ever applied to us before? [] No [] Yes, When: _____

Have you ever been employed with us before? [] No [] Yes, When: _____

May we contact your present employer? [] Yes [] No

Can you perform the essential job functions of the job to which you are applying? [] Yes [] No

If the position requires driving, do you have the appropriate license? [] Yes [] No [] Not Applicable

If the position requires driving, have you been ticketed for a moving violation in the last three years? [] No [] Yes
If yes, please explain: _____

Are you a citizen of the United States? [] Yes [] No

Can you provide proof of identification and proof of eligibility to work in this country? [] Yes [] No
(For example: green card, social security card, passport, etc.)

Are you currently on "layoff" status, subject to recall? [] Yes [] No

When could you start employment with us? _____

Are you available: [] Full time [] Part time [] Shift work [] Temporary

If required, are you available to travel? [] Yes [] No

If required, are you available to relocate? [] Yes [] No

References other than previous employers and relatives:

Name: _____ Address: _____ Phone (1): _____
_____ Phone (2): _____

Name: _____ Address: _____ Phone (1): _____
_____ Phone (2): _____

Name: _____ Address: _____ Phone (1): _____
_____ Phone (2): _____

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Applicant's Acknowledgment (Please read before signing.)

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision.

As a condition of my employment, I accept the principle that the welfare of the organization depends upon the conduct and honesty of its employees and the trust and confidence of our customers and the public in general. The organization expects honesty, security and confidentiality. I therefore agree to the following:

1. I agree to give no unauthorized information relative to the accounts of the organization or its relation with others, and to discuss no matters of a confidential nature relating to the organization's affairs unless such discussion is in the necessary course of the organization's business and is in accordance with the organization's policy.
2. I also agree to inform the management of the organization, without delay, of any fraud, false entry, substantial error, embezzlement or employee misconduct, which I discover or know to have taken place in any records, property or funds of the organization, and to report any transaction or matter that seems damaging to the organization.
3. In the event I am employed, I understand that any false or misleading information I knowingly provided in my application or interview(s) may result in discharge and/or legal action. I understand also that if employed, I am required to abide by all the rules and regulations of the employer and any special agreements reached by the employer and me.

This application shall be considered active for no more than 45 days. After that time, applicants will be required to resubmit a completed application.

The applicant understands that neither this document nor any offer of employment from this employer constitutes an employment contract unless a specific document is executed in writing by the employer and employee. Any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon. Unless a specific document is executed in writing by the employer and employee, **all employment here is At-Will**. Just as an employee may resign for any reason he/she has, the employer may also terminate an employee for any reason.

_____ Date _____

Signature of Applicant