



APPLICATION FOR EMPLOYMENT

Please Print • Complete All Items
 Infiltrator Systems Inc. is an Equal Opportunity Employer

DATE _____

POSITION APPLIED FOR _____ PLACE OF APPLICATION _____

LOCATION OF JOB _____

FULL TIME PART TIME DATE AVAILABLE _____ SALARY DESIRED _____

PERSONAL	NAME (LAST) _____ (FIRST) _____ (MIDDLE) _____		HOME TELEPHONE () () ()		MESSAGE TELEPHONE () () ()	
	PRESENT HOME ADDRESS _____					
	SOCIAL SECURITY NO. _____		ARE YOU OVER 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF OFFERED EMPLOYMENT, CAN YOU PROVE U.S. CITIZENSHIP OR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE: (CONVICTION OF A FELONY IS NOT AN AUTOMATIC BAR FROM EMPLOYMENT. ALL CIRCUMSTANCES WILL BE CONSIDERED)					
	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		
	ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT A REASONABLE ACCOMMODATION? (IF YOU ARE UNSURE OF THE ESSENTIAL FUNCTIONS, PLEASE ASK TO REVIEW A JOB DESCRIPTION) <input type="checkbox"/> YES <input type="checkbox"/> NO					
INTEREST	PREVIOUSLY EMPLOYED BY THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, POSITION: _____		LOCATION: _____ WHEN: _____	
	HAVE YOU EVER MADE AN APPLICATION FOR EMPLOYMENT WITH THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHEN: _____ LOCATION: _____		
EDUCATION	CIRCLE HIGHEST GRADE COMPLETED		GRAMMAR SCHOOL 1 2 3 4 5 6 SECONDARY SCHOOL 7 8 9 10 11 12 COLLEGE 1 2 3 4 5 6			
		NAME OF SCHOOL	LOCATION	MAJOR AREA OF STUDY	GRADUATED	DEGREE
	LAST HIGH SCHOOL ATTENDED				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	VOCATIONAL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
NIGHT OR OTHER				<input type="checkbox"/> YES <input type="checkbox"/> NO		
REFERENCES	GIVE BELOW NAMES AND ADDRESSES OF TWO BUSINESS/WORK REFERENCES WHO ARE NOT RELATED TO YOU					
	NAME		ADDRESS		TELEPHONE	
					AREA CODE () ()	
REFERRAL SOURCE	HOW DID YOU HEAR ABOUT US? <input type="checkbox"/> WALK-IN <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> REFERRAL <input type="checkbox"/> OTHER SOURCE: _____					
	DO YOU KNOW ANYONE WHO WORKS FOR THIS COMPANY? IF YES, PLEASE PROVIDE NAME AND LENGTH OF TIME KNOWN FOR EACH:					<input type="checkbox"/> YES <input type="checkbox"/> NO
	DO YOU HAVE ANY RELATIVES CURRENTLY WORKING FOR THIS COMPANY? IF YES, PLEASE PROVIDE NAME AND RELATIONSHIP FOR EACH:					<input type="checkbox"/> YES <input type="checkbox"/> NO

START WITH MOST RECENT JOB, INCLUDING MILITARY EXPERIENCE, AND THEN WORK BACKWARDS

DATES		NAME & ADDRESS - EMPLOYERS' SUPERVISOR	TITLE & DUTIES	SALARY	REASON FOR LEAVING
FROM MONTH	YEAR	Company		STARING	
		Address		\$	
TO MONTH	YEAR	Immediate Supervisor		FINAL	
		Telephone ()		\$	
					MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO
FROM MONTH	YEAR	Company		STARING	
		Address		\$	
TO MONTH	YEAR	Immediate Supervisor		FINAL	
		Telephone ()		\$	
					MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO
FROM MONTH	YEAR	Company		STARING	
		Address		\$	
TO MONTH	YEAR	Immediate Supervisor		FINAL	
		Telephone ()		\$	
					MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO
FROM MONTH	YEAR	Company		STARING	
		Address		\$	
TO MONTH	YEAR	Immediate Supervisor		FINAL	
		Telephone ()		\$	
					MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO

SKILLS	Skills and Qualifications - Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying _____

CERTIFICATION	CERTIFICATION AND ACKNOWLEDGEMENT - READ CAREFULLY
	I certify that the information contained in this application is complete and correct to the best of my knowledge and understand that falsification or incompleteness of this information may result in my not being considered for employment or dismissal if I am employed. I authorize the references, former employers and educational institutions listed on this application to give you any and all information concerning my previous employment they may have, personal or otherwise, and release all parties from all liability for any damages that may result from furnishing same to you. I understand that before any offer of employment is extended/or before actual employment commences I may be required to submit to blood, urine and/or other medical testing for detection of alcohol, drugs, and/or other controlled substances in accordance with company policies.
	I understand that as a condition of employment, I will be required to show identification which proves my legal right to work in the united states. If employed, I agree to follow the rules, regulations and other directives of the company, however, I understand that my employment can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or myself.
	I have carefully read and understood the above, and hereby consent and agree to these conditions in exchange for the company's consideration of my application for employment.
	DATE _____ SIGNATURE OF APPLICANT _____

COMPANY USE	FOR HUMAN RESOURCES/MANAGEMENT USE ONLY		
	INTERVIEWED BY:		
	HUMAN RESOURCES _____	DATE _____	
	DEPT. SUPERVISOR _____	DATE _____	
	MANAGER _____	DATE _____	
JOB OFFER <input type="checkbox"/> YES <input type="checkbox"/> NO	OFFER ACCEPTED <input type="checkbox"/> YES <input type="checkbox"/> NO DATE _____	HIRE DATE _____	
FACILITY NAME _____	POSITION _____		