



Application for Employment

FOR COMPANY USE ONLY:

Start Date: _____ Position: _____ Shift: _____
 Department: _____ Base Rate: _____ Initials: _____

Federal Foam Technologies, Inc. does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, age, disability, marital status, veteran, sexual orientation, or other basis prohibited by federal, state, or local fair employment laws.

Name _____ Today's Date _____
Last First Middle

Address _____
Street City State Zip

Email Address _____

Phone number () _____ Another phone number where you can be reached () _____

Social Security Number _____ Are you 18 years of age or older? _____ Yes No

Are you legally authorized to work in the U.S.? Yes No

Legal documentation providing identity and work authorization must be presented after any employment offer and before beginning work. Persons without proper documentation may not begin work.

Position Desired _____ Shift Desired _____

Date Available _____ Desired Salary _____ Available for Overtime? _____

Have you ever been employed by Federal Foam Technologies, Inc.? _____ If yes, from _____ to _____

How did you hear about Federal Foam Technologies, Inc.? _____

Employment History (List present or most recent employer first)

Employer: _____ Dates worked: _____ City/State: _____ From: ____/____ <small>Month Year</small> Phone Number: _____ To: ____/____ <small>Month Year</small> Email: _____ Supervisor: _____ May we contact: _____	<u>Title:</u> _____ <u>Job Duties:</u> _____	<u>Last Salary:</u> _____ \$ _____ hr / yr <u>Reason for Leaving:</u> _____
Employer: _____ Dates worked: _____ City/State: _____ From: ____/____ <small>Month Year</small> Phone Number: _____ To: ____/____ <small>Month Year</small> Email: _____ Supervisor: _____ May we contact: _____	<u>Title:</u> _____ <u>Job Duties:</u> _____	<u>Last Salary:</u> _____ \$ _____ hr / yr <u>Reason for Leaving:</u> _____
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If you need additional space, please continue on a separate sheet of paper and attach it to the application.

Education

High School	Name and location of school	Circle last year completed 7 8 9 10 11 12	Major Courses	Diploma or Degree?
College		1 2 3 4 More		
Business or Trade School		Months attended:		

If the job you are applying for requires you to operate a motor vehicle, please list traffic convictions.

Federal Foam Technologies, Inc. will consider your record only as it may substantially relate to the job for which you are applying.

Authorization, Release and Certification

1. I certify that all information on this application is true, complete, and correct to the best of my knowledge. I understand that any false or misleading statements or information provided by me, or material omissions of information requested of me, may result in rejection of my application or, if employed, my immediate dismissal.
2. I authorize investigation of all statements contained in the application. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.
3. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an at will nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this at will employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the organization.
4. I understand that I may be required to submit to a medical exam, or to disclose information regarding my health history if offered a position conditioned upon such examination or disclosures. I understand that if offered a position, I may be required to pass a drug test as part of the application process, and that all offers of hire are contingent upon satisfactory results of a drug screen test. I understand that, if hired, I may be required to submit to drug and alcohol screening tests to determine compliance with the company's drug and alcohol policy. I further understand that a positive test result, a refusal to submit to a test or falsifying or tampering with the results of a test will disqualify me from further consideration for employment.
5. Employer complies with the Immigration Reform and Control Act of 1986. Be advised that proof of your right to work in the United States will be required at the time of hire.
6. I certify I have read, or have had read to me, and understand the above authorization, release, and certification.
7. I understand this application will be considered inactive after 6 months.

Applicant's Signature

Date