APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative. Please print.

Date of Application

Position(s) Applied for

Print Name (Last, First, & Middle)

(,					
Street Address	City		State	Zip Code		
Main Phone Number	Alternate Phone Number	Email	Email			
EMPLOYMENT EXPERIENCE Please list the names of your pr listed first. Be sure to account for						
additional page if necessary.				1.4	2	
Name of Employer	Supervisor		May we contact?			
			☐ Yes ☐ No			
Street Address						
Phone Number		Dates Employed (Month/Year)				
		From		То		
Job Title and Duties	Reason for Leaving					
Name of Employer	Supervisor		May we	e contact?		
				☐ Yes I	□ No	
Street Address						
		Dates Employed (Dates Employed (Month/Year)			
		From	rom To			
	<u>.</u>					

^{*}Once completed, you may either return your application to our office or email it to office@robertsindustrial.net

Job Title and Duties	Reason for Leaving	
Job Title and Duties	Reason for Leaving	
Name of Employer	Supervisor	May we contact?
Name of Employer	Supervisor	
		☐ Yes ☐ No
Street Address		
Phone Number	Dates Employed (Month/Yea	r)
	From	То
Job Title and Duties		10
Job Title and Duties	Reason for Leaving	
Have you ever been involuntarily terminated or asked to res	ign from any job?	Yes □ No
,	,,	
If yes, please explain		
Please explain any gaps in your employment history:		

				qualifications that you believe should
be considered	in evaluating your qua	alifications for empl	loyment.	
_				
EDUCATION Places describe	e your educational ba	ckaround in the tab	le provided below	
r lease describe	e your educational bar	Diploma/	le provided below.	
	School Name	Degree	Area of Study/Major	Specialized Training, Skills, or Extra-
		(Yes/No)	, ,	Curricular Activities
Litale Calana				
High School				
Collogo/				
College/ University				
Graduate/ Professional				
School				
Trade				
School				
3611001				
Other				
_	_			
	ROFESSIONAL REFERENCE		uha ara nat ralatad ta ya	
Name and Tit		Relationship	vho are not related to you	Phone Number or Email
Name and me	iic	Relationship		Thore Number of Email
Dencous Deser				
PERSONAL REFER	ee people who know y	ou well		
Name and Tit			and Years Acquainted	Phone Number or Email
_				

GENERA	AL INFORMATION						
1.	. Have you ever used another name? □ Yes □ No						
2.	2. Is any additional information relative to name changes, use of an assumed name, or nickname necessary to						
	enable a check on your work and educational record? Yes □ No						
	a. If yes	to either of the	above, please	explain:			
3.	Have you eve	r worked for thi	s company befo	ore?			□ Yes □ No
	a. If yes,	, please give dat	es and position	:			
4.							
	a. If yes, name(s) and relationship(s):						
5.							
6.							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7.	. Are you available to work? ☐ Full-time ☐ Part-time ☐ Shift Work ☐ Temporary						
8.	8. If hired, would you have a reliable means of transportation to and from work? \square Yes \square No						
9.	. Can you travel if the position requires it? Yes □ No						
10	10. Can you relocate if the position requires it? □ Yes □ No						
11	11. Are you at least 18 years old? ☐ Yes ☐ No						
	a. Note:	If under 18, hir	e is subject to v	erification that	you are of mini	mum legal age.	
12	. If hired, can y	ou present evid	ence of your ide	entity and legal	right to work in	this country?	□ Yes □ No
13	. Are you able t	to perform the ϵ	essential job fur	nctions of the jo	b for which you	are applying w	ith or without
	reasonable accommodation? ☐ Yes ☐ No						
	a. Note: We comply with the ADA and consider reasonable accommodation measures that may be						

 $necessary\ for\ qualified\ applicants/employees\ to\ perform\ essential\ job\ functions.$

Name (print):	Date:
Signature:	
MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HARABOVE TERMS.	AVE READ, UNDERSTAND, AND AGREE TO ALL OF THE
I understand that if any term, provision, or portion of the severed and the remainder of this Agreement shall be enforced	is Agreement is declared void or unenforceable, it shall be able.
I understand that if I am selected for hire, it will be neces and legal authority to work in the United States, and that feder this regard.	sary for me to provide satisfactory evidence of my identity al immigration laws require me to complete an I-9 Form in
I hereby certify that the answers given by me are true a that I, the undersigned applicant, have personally complete misstatement of material fact on this application or on any do rejection of this application or for immediate discharge if I am e	ed this application. I understand that any omission or ocument used to secure employment shall be grounds for
I understand that safety of employees is extremely impote on ensuring a safe working environment. I understand that accidents and injuries by observing all safety procedures and gull understand and agree to comply with federal, state, and local	idelines and following the directions of my site supervisor.
If hired, I understand and agree that my employment Company is required to continue the employment relationsl Company or I may terminate the employment relationship at ar I understand that the at-will status of my employment cannot modifications.	hip for any specific term. I further understand that the ny time, with or without cause, and with or without notice.
In the event of my employment with the Company, I ur regulations of the Company.	nderstand that I am required to comply with all rules and
I hereby authorize the Company to thoroughly investigated related to my suitability for employment and, further, authorised disclose to the Company any and all letters, reports and other in prior notice of such disclosure. In addition, I hereby release the corporations, partnerships and associations from any and all or related to such investigation or disclosure.	nformation related to my work records, without giving mene Company, my former employers and all other persons,
APPLICANT STATEMENT AND AGREEMENT Please read and initial each paragraph below. If there is anythi	ng that you do not understand, please ask.

Legal Disclaimer: This document is intended for informational purposes only, and does not constitute legal information or advice. This information and all HR Support Center materials are provided in consultation with federal and state statutes and do not encompass other regulations that may exist, such as local ordinances. Transmission of documents or information through the HR Support Center does not create an attorney-client relationship. If you are seeking legal advice, you are encouraged to consult an attorney.