

# ULTRA POLISHING, INC.

## APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classifications.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you over 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you authorized to work in the U.S. on an unrestricted basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

How did you learn of this opening? \_\_\_\_\_

Have you worked here before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Position you are applying for: \_\_\_\_\_

Wage or salary desired: \_\_\_\_\_ When can you start? \_\_\_\_\_

Shift preference: \_\_\_\_\_ Day \_\_\_\_\_ Night

Are you willing to work overtime as required? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any hours, shifts or days you cannot or will not work? \_\_\_\_\_

In addition to your work history, do you have any other experiences, skills or qualifications which would make you a good fit for our company? \_\_\_\_\_

EDUCATION	NAME & LOCATION OF SCHOOL	YEAR GRADUATED	MAJOR / DEGREE
High School			
College/Univ			
Other Training			
Or Education			

**Work History** May we contact your current employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*PLEASE NOTE: If you have a resume, we will attach it; there is no need to fill out your work history.**

Most recent employer:		Telephone:	
Address:			
Name of supervisor:		Title of supervisor:	
Description of duties:			
Date started:	Starting salary: \$	Per	Starting position:
Date left:	Ending salary: \$	Per	Position on leaving:
Reason for leaving:			
Most recent employer:		Telephone:	
Address:			
Name of supervisor:		Title of supervisor:	
Description of duties:			
Date started:	Starting salary: \$	Per	Starting position:
Date left:	Ending salary: \$	Per	Position on leaving:
Reason for leaving:			
Most recent employer:		Telephone:	
Address:			
Name of supervisor:		Title of supervisor:	
Description of duties:			
Date started:	Starting salary: \$	Per	Starting position:
Date left:	Ending salary: \$	Per	Position on leaving:
Reason for leaving:			

## **APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements will result in my dismissal. I authorize the company to make an investigation of any of the facts set forth in this application.

I understand that employment at this company is "as will" which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_

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## **AUTHORIZATION AND RELEASE**

I understand that the employment for which I am considered or which has been offered to me at ULTRA POLISHING, INC ("Company") is contingent upon the results of a background check, which may include, but not be limited to, checking my references, verifying my educational background and employment history, and a criminal background check. I also understand that I have the right to make a written request to receive information from the Company as to the nature and scope of the background check.

I fully release the Company, its officers, agents, representatives and employees, from any and all liability resulting from the use or disclosure of the information obtained by the Company as a result of my background check.

I agree that if the results of my background check are unfavorable, the Company may deny me employment or terminate my employment.

I have read this Authorization and Release form and understand all of its terms. I sign this Authorization and Release form voluntarily and with full knowledge of its significance.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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## **DRUG/ALCOHOL TEST ACKNOWLEDGMENT**

I understand that I may be required to undergo a post-conditional employment offer physical examination, which may include drug and/or alcohol tests, and hereby authorize the release of the results of such physical examination and drug/alcohol tests to the Company. I further understand that my employment with the Company is contingent upon my passing the physical examination, including the drug/alcohol test.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_