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| Applicant Information |
| Last Name: |  Full Last Name  | First Name: |  Full First Name | Middle: Full Middle Name | Date: |  Todays’ Date  |
| Street Address: |  Current Home Address  | Apartment/Unit:  |  Apartment / Unit #  |
| City: |  Home Address City  | State: |  Home State  | ZIP: |  Home Zip Code  |
| Phone: |  Current Phone Number | E-mail Address: |  Current E-mail Address  |
| Date Available: |  Date Available to Start  | Desired Salary: | Desired Rate of Pay / Salary  |
| Position Applied For: |  Position Applying for  |
| Shift Available: |  [ ]  DAYS [ ]  NIGHTS [ ]  OPEN |
| Are you a citizen of the United States? | YES [ ]  | NO [ ]  | If no, are you authorized to work in the U.S.? | YES [ ]  | NO [ ]  |
| Have you ever worked for this company? | YES [ ]  | NO [ ]  | If so, when? | Previous Time of Employment  |
| ***As required by law, documents that prove identity and eligibility to work must be provided at time of hire.*** |

***Please provide all information requested. Incomplete information may disqualify you from consideration.***

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| Education |
|  | **High School** | **College/Technical** |
| School Name:Location: |  School Name and Location  | School Name and Location  |
| Years Completed:Please Check: | 1 [ ]  2 [ ]  3 [ ]  4 [ ]  | 1 [ ]  2 [ ]  3 [ ]  4 [ ]  |
| Did you graduate? | YES [ ]  NO [ ]  | YES [ ]  NO [ ]  |
| Diploma / Degree / Certificate: |  |  Diploma, Degree, Certificate if applicable  |

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| **PREVIOUS EMPLOYMENT** |
| *Please start with your current or most recent employer* |
| Company: Company Title / Name  | Phone:  | (AREA CODE) XXX - XXXX |
| Address: | Company Address  | Supervisor: |  Supervisor’s Name  |
| Job Title: |  Most Recent Job Title  | Starting Salary: | $ $$$$ | Ending Salary: | $ $$$$ |
| Responsibilities:  |  Responsibilities and Duties During Time of Employment |
| From | Start of Employment | To | End of Employment | Reason for Leaving: |  Reason for Leaving Employment |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  Additional Notes |
| Company: |  Company Title / Name  | Phone: | (AREA CODE) XXX - XXXX |
| Address: | Company Address  | Supervisor: |  Supervisor’s Name  |
| Job Title |  Most Recent Job Title  | Starting Salary | $ $$$$ | Ending Salary | $ $$$$ |
| Responsibilities: |  Responsibilities and Duties During Time of Employment |
| From | Start of Employment | To | End of Employment | Reason for Leaving: |  Reason for Leaving Employment |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  Additional Notes |

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| **REFERENCES** |
| *Please list two professional references.* |
| Full Name: |  References Full Name | Relationship: |  References Relationship |
| Company: |  References Company | Phone: | (AREA CODE) XXX - XXXX |
| Address: |  References Company Address |
| Full Name: |  References Full Name | Relationship: |  References Relationship |
| Company: |  References Company | Phone: | (AREA CODE) XXX - XXXX |
| Address: |  References Company Address |
| Full Name: |  References Full Name | Relationship: |  References Relationship |
| Company: |  References Company | Phone: | (AREA CODE) XXX - XXXX |
| Address: |  References Company Address |

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| Special skills / additional training |
| Check the machines in which you have *at least 6 months* of experience |
| [ ]  Forklift [ ]  Overhead Crane [ ]  Sander [ ]  Band Saw [ ]  Circular Saw [ ]  Other: ----- |
| **ACKNOWLEDGEMENTS** |
| Below are acknowledgements for the application process for AaCron Anodizing. Please read and initial the following items |
|  Initials | I understand that all offers of employment are contingent on passing a physical, drug screen and background check. AaCron will only perform a physical, drug screen, and background check if an offer of employment is offered and accepted. |
|  Initials | I agree to a physical examination and understand that if the results of the examination indicate that I cannot physically perform the essential functions of the position I am offered, with or without reasonable accommodations, the conditional offer will be rescinded. |
|  Initials | I agree to a required drug screen if I accept an offer of employment from AaCron. I acknowledge that any offer of employment I receive from AaCron is contingent upon my satisfactory completion of a drug test. If I do not pass the pre-employment drug testing or refuse pre-employment drug testing, AaCron will rescind any offer of employment that has been made. I am aware that I may request a copy of AaCron’s Drug and Alcohol Testing Policy upon offer of employment. |
|  Initials | I agree and consent to a background check and understand that the information provided on the Background Check Disclosure and Authorization Agreement form will not be used to discriminate against me based on my race, sex, color, age, religion, national origin, or veteran status. |
|  Initials | I understand that information obtained on the Background Check Disclosure and Authorization Agreement form, such as SSN, are not required for the application process. If not obtained during application process, I will be required to provide the information on the Background Authorization form upon acceptance of employment from AaCron. I am aware that AaCron Anodizing reserves the right to rescind an offer of employment if I do not provide information to process a background check or do not pass a background check. |
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| Disclaimer and Signature |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I hereby authorize the company or its agents to confirm all statements contained in this application and/or resume to the extent permitted by federal, state or local law and I agree to complete any requisite authorization forms.\* I release all parties from any liability arising out of this provision and the use of such information. |
| Signature | ------------- | Date | MM/DD/YYYY |

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Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States

AaCron Anodizing uses E-Verify and will provide necessary information to the appropriate party to confirm work authorization.

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| **BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION AGREEMENT** |

AaCron Anodizing maintains the right to conduct a background check investigation of any employee or job applicant. The information provided on this form will be not be used to discriminate against any applicant or employee on the basis of race, sex, age, color, religion, national origin, disability, or veteran status.

I hereby authorize AaCron Anodizing to conduct a comprehensive background check that may include reviewing my criminal history, education, and employment history. I understand that this background check may include information obtained from; governmental agencies, including law enforcement agencies; educational institutions; private individuals; and current and previous employers. I also understand that this authorization, in original or copy form, authorizes AaCron Anodizing to obtain and consider such reports regarding me at any time when considering my potential or continued employment, both now and in the future.

I understand that I have a right under the “Fair Credit Reporting Act” to obtain a copy of this report by directing a written request to the agents providing this information. I may also obtain a copy of this report by checking the “YES” box at the bottom of this agreement.

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| **LAST NAME** | **FIRST NAME** | **MIDDLE NAME** | **BIRTH DATE** | **\*SOCIAL SECURITY NUMBER** |
|  Full Last Name  |  Full First Name  |  Full Middle Name  |  MM/DD/YYYY | XXX-XX-XXXX |
| **OTHER NAMES USED** | Previous Full Names, Name Changes, Nicknames, etc  | **STATE ID or DRIVER’S LICENSE NUMBER** |  Driver’s License / State ID # | **STATE** |  State for ID or License  |
| **ADDRESS** |  Residence Address |
| **CITY** |  Residence City  | **STATE** |  Residence State | **ZIP CODE** |  Residence Zip Code  |
| **PREVIOUS ADDRESS** **(if less than 7 years)** |  Residence Previous Address |
| **CITY** |  Residence City  | **STATE** |  Residence State | **ZIP CODE** |  Residence Zip Code  |

I would like to receive a copy of my report: [ ]  Yes [ ]  No

*By electronically completing and filling out the Background Check Disclosure and Authorization Agreement form, I verify that I am the applicant and the information above is valid. I understand that background checks are only processed if an offer of employment is made and I am to accept the position.*

Applicant Signature: Applicant’s Signature/Name Date: MM/DD/YYYY

*\*(6/18) Background checks are only processed if an offer of employment is made and the candidate accepts. Therefore, social security numbers (SSN) are not required until candidate accepts offer of employment.*