



## Employment Application

### An Equal Opportunity/Affirmative Action Employer and a Drug Free Workplace

**Instructions:** Please complete this application accurately and legibly. False, incorrect, misleading statements may disqualify you for employment with Vernier Metal.

Position Applied For	Date Available	Desired Salary/Pay

Full Name: \_\_\_\_\_  
*Last*
*First*
*Middle*

Address: \_\_\_\_\_  
*Number/Street*
*Apt/Unit#*
*City*
*ST*
*Zip*

Phone #: (\_\_\_\_) \_\_\_\_\_ Alternate Phone #: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

What shifts are you available to work? 1st  2nd  3rd  Are you available to work: PART-TIME  FULL-TIME

Are you over the age of 18 years? YES  NO  (If no, you may be required to provide authorization to work)

Are you a citizen of the United States? YES  NO  (Proof of identity and eligibility will be required if employed)

If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for Vernier Metal? YES  NO

If yes, when & what was your job title? \_\_\_\_\_

How did you find out about this job opening? Company Website  Walk-In  Agency  \_\_\_\_\_  
 Vernier Metal Employee  \_\_\_\_\_ Other  \_\_\_\_\_

Are you related (by blood or by marriage) to any current or former employee of Vernier Metal? If yes, give name(s), position(s) and relationship(s) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

High School Name, City & State: \_\_\_\_\_

Did you graduate High School? YES  NO  Date Graduated: \_\_\_\_\_

College Name and Address: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College Name and Address: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

List any Professional Licenses, Certifications, Special Skills or Training: \_\_\_\_\_

**Beginning with your present or most recent employer, give a complete record of ALL employment. No more than 10 years history is needed. You may attach additional sheets if necessary.**

Company: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title & Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact the supervisor listed above for a reference? YES  NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title & Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact the supervisor listed above for a reference? YES  NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title & Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact the supervisor listed above for a reference? YES  NO

**NOTICE TO APPLICANTS**

Applicants are considered for all positions without regard to race, color, Religion, sex, national origin, age, marital status, veteran status, or any disability in accordance with the Americans with Disabilities Act.

If you require an accommodation due to physical or mental disability in order to participate in any phase of the application process, please inform the Human Resources representative.

If you are required to take any pre-employment screening test, and you require an accommodation due to any physical or mental disability to enable you to take or successfully complete the test, please advise the administrator in advance.

*If an offer of employment is made and you will need accommodation to perform any essential job function due to a physical or mental disability, please advise the Human Resources representative.*

**DISCLAIMER AND SIGNATURE**

I certify that all answers given by me to the questions and statements on this application are true, correct, and complete. I understand that any falsification, misrepresentation, or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment of immediate termination of employment, regardless of when or how discovered, and that Vernier Metal shall not be liable in any respect if my employment is denied or terminated because of false, misleading, or incomplete statements, answers, or omissions by me.

Questions regarding this statement should be directed to the Human Resources representative before signing the document. Applications will be considered dependent upon needs of the business, but receipt of an application does not imply that the applicant will be employed.

If hired, I agree to abide by all present and subsequently issued rules and policies of the company and I agree at the time of my hire to complete Form I-9 of the Immigration and Naturalization Service as to my identity and employment status.

I understand and agree that my employment, if hired, is at-will, for no definite period, and may be terminated at any time for any reason by either me or Vernier Metal unless otherwise agreed to in writing that is signed by both me and Human Resources Manager and/or an officer of Vernier Metal. I understand that Vernier Metal has the right to modify, amend or terminate policies, practices, benefit plans and other programs within the limits and requirements imposed by law.

*I authorize the investigation of all statements and information contained in this application. I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.*

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

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