

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date	-				
Name		Middle			
Last	First	Middle	Maiden		
Present address	Street		City	State	71
	Street		City	State	Zip
How long					
Telephone ()		Are you over 18	years of age? _		
Email					
Position(s) applied fo	r				
Salary desired _					
How many hours can	you work weekly?	Can yo	u work evening	-2	
now many nours can			o work evening:	S:	
Will you be able to tra	avel?	_			
Employment desired	UFULL-TIME ONLY	PART-TIME ONLY	UFULL- OR P	ART-TIME	
When are you availab	le to start work?_				

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Business or Trade School				
Professional or Graduate School				

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Phone number		From	Start
		То	Final
	Your last job titl	e	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of Employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Phone number		From	Start

		То	Final
	Your La	st Job Title	
Reason for leaving (be specific)			
List the jobs you held, duties perfor	med, skills used or learned	d, advancements or	promotions while you
orked at this company.			
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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Are you currently employed?	Yes	🛛 No		
May we contact your present employer?	Yes	🛛 No		
Have you ever been convicted of a felony?	Yes	🛛 No		
If yes, explain number of conviction(s), nature of offense(s) leading to conv	iction(s), how rec	ently such		
offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.				

Have you ever been in the armed fo	rces?] Yes	🛛 No
Specialty	_ Date Entered Date	Discharge Date	e	
Are you now a member of the Natio	nal Guard?	C	l Yes	🛛 No
If hired, can you provide proof of U.	S. citizenship	C	Yes	🛛 No
or proof of your legal right to live ar	nd work in this country?			
Have you ever been employed with	this company?		Yes	🗆 No
If yes, when?				
Do you have any friends or relatives	s employed by this company?		Yes	🗆 No
If yes, please provide their names a	nd relationship to you			
If hired, would you have a reliable m	neans of transportation to and from	m work?) Yes	🗆 No
Are you able to perform the essentiation	al functions and duties		Yes	🛛 No
of the job for which you are applyin	g?			
If not, please describe the functions	or duties you are unable to perfo	orm		

REFERENCES

Please list below three persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.

Name		
Address		
Telephone	E-mail	Years acquainted

Name		
Address		
Telephone	E-mail	Years acquainted

Name		
Address		
Telephone	E-mail	Years acquainted

APPLICATION FORM WAIVER

Please read each paragraph closely, initial each, and sign below

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any other document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize FTRI to thoroughly investigate my references, work records, education, driving record, credit history, criminal background and other matters related to my suitability for employment. I further authorize the employers, schools and other references I have listed to disclose to FTRI any and all documents, transcripts, letters, reports and other information related to these references, without giving me prior notice of such disclosure. I hereby release FTRI, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosures.

I understand that nothing contained in the application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between me and FTRI, other than one that is "at will." I understand and agree that if I am employed, my employment will be of an "at will" nature, whereby either the employee or the employer may terminate the employment relationship at any time, with or without cause or notice. I further understand that my employment, if hired, is for no definite or determinable period of time and may be terminated at any time, at the option of either myself or FTRI, and that no promise or representation contrary to the foregoing is binding on the company unless made in writing and signed by me and the company's designated representative.

Signature of applicant: _____ Date: _____

FTRI is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with FTRI depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.