

APPLICATION FOR EMPLOYMENT

To The Applicant:

Thank you for your interest in employment with Abtrex Industries Inc. All applicants will received consideration for employment without regard to race, religion, gender, sexual orientation, gender identity, national origin, age, disability, genetic information, marital status, amnesty or status as a covered veteran in accordance with applicable federal, state and local laws.

If employment is offered:

Applicant must show documents for verification that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.

Applicant will be required to pass a pre-employment medical evaluation, including an observed drug screen.

Applicant must consent to an investigative consumer report (background check). Abtrex Industries Inc will not deny employment to any applicant solely because the individual has been convicted of a crime. The company may consider the nature, date, and circumstance of the offense as well as whether the offense is revelant to the duties of the position applied for.

INSTRUCTIONS AND INFORMATION

To be considered for employment with Abtrex Industries Inc, you must complete this application in full, with complete and correct information. Failure to do so may result in disqualification from consideration for hire and/or termination of employment if you are hired. All application materials become the property of Abtrex Industries Inc and will not be returned.

EMPLOYEE INFORMATION

Name _____ Date of Application _____
Address _____ Telephone Number _____
City, State, Zip _____ Email Address _____
Have you applied with Abtrex before? Yes _____ No _____

If yes, date(s) _____

NOTE: You will be required to produce verification of minimum age before beginning employment.

Position(s) applying for: _____ Division: South Bend, IN _____ Leetsdale, PA _____
Inkster, MI _____
Salary Desired: _____ Date available to start work: _____

Kind of work sought: Full Time _____ Part Time _____ Other _____

If part time, specify hours and days desired: _____ am/pm _____ to _____ am/pm _____ Weekends _____
Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Are you willing to work weekends and evenings if your position requires? Yes _____ No _____

Are you willing to work overtime if requested? Yes _____ No _____

Are you willing to take assignments that require out-of-town work for multiple days? Yes _____ No _____

****The following questions WILL NOT disqualify you from employment.**

Do you have a valid Driver's License? YES _____ NO _____ Do you have a Chauffeur license or For-Hire endorsement? YES _____ NO _____

Do you have reliable transportation to and from work? YES _____ NO _____

Do you have a passport? YES _____ NO _____

If not, are you eligible to receive a passport? YES _____ NO _____

EMPLOYMENT HISTORY

List most recent employment first. Be sure all your experience or employers related to this job are listed here. No more than 10 years history recommended.

Employer Name and Address:	Pay:\$	Per:	Start Date:	End Date:	Reason for Leaving:
	Supervisor:				Telephone:

Position title/duties, skills:

Employer Name and Address:	Pay:\$	Per:	Start Date:	End Date:	Reason for Leaving:
	Supervisor:				Telephone:

Position title/duties, skills:

Employer Name and Address:	Pay:\$	Per:	Start Date:	End Date:	Reason for Leaving:
	Supervisor:				Telephone:

Position title/duties, skills:

Employer Name and Address:	Pay:\$	Per:	Start Date:	End Date:	Reason for Leaving:
	Supervisor:				Telephone:

Position title/duties, skills:

EDUCATION

	Institution Name	Number of Years Completed	Graduate/Degree	Field of Study
High School				
College				
Graduate				
Vocational/Training				

REFERENCES

List 3 personal references who are not relatives or former supervisors

Name	Address	Phone Number	Years Acquainted

How did you hear about this job? _____

Did someone refer you? Who? _____

SKILLS & QUALIFICATIONS

Other qualifications such as special skills, abilities or honors that should be considered:

Types of computers, software and other equipment you are qualified to operate or repair:

Professional licenses, certifications or registrations:

CONTACT

In the event of an accident or emergency who should we contact?

Name: _____ Address: _____

Relationship: _____ Phone #: _____

ACKNOWLEDGEMENT

I certify that the above statements are true and complete. I understand that any false information or omissions in this application or its supporting documents, or in an interview, will be sufficient grounds for refusal to hire me or, if I am hired, immediate termination without notice. I understand that completion of this application in no way constitutes an offer of employment. I understand that this application form will be active for 60 days from the date it is completed and submitted to Abtrex Industries Inc for consideration. I realize that if I wish to be considered for employment with Abtrex Industries Inc after that time, I will be required to complete and submit a new application form.

I authorize Abtrex Industries Inc to obtain information about me from my previous employers and credit sources and to review my education, previous employment, driving records, criminal records, references and other background data. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have and release all parties from liability for any damages that may result from furnishing same to you. I also agree to voluntarily submit to a pre-employment medical evaluation, including drug screen. I acknowledge that Abtrex Industries Inc is an at-will employer and that, if hired, my employment is "at-will", for no definite period and may, regardless of date of payment of my wages and/or salary, be terminated at any time with or without prior notice, with or without cause.

DATE

SIGNATURE