

# APPLICATION FOR EMPLOYMENT

APPLICANT PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE ANSWERING ANY QUESTIONS

1. Please print or type all information. Answer all questions as completely as space will permit. Failure to complete this application may prohibit you from proceeding in the evaluation process for this position.
2. Statements made in this application are subject to verification. The detection of false statements is a cause for disqualification or dismissal.
3. Date and sign the application in all locations requested.

## GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone
E-Mail Address	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Referral Source <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Online <input type="checkbox"/> Walk In <input type="checkbox"/> Other:	Are you 18 years of age or over?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have a valid driver's license?		<input type="checkbox"/> Yes <input type="checkbox"/> No

## POSITION

Position or Type of Employment Desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available	

## EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed?  Yes  No  
If no, list the highest grade completed:

**College, Business School, Military (Most recent first)**

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarter or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					

## VETERAN INFORMATION

Branch of Service	Date of Entry	Date of Discharge
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## SPECIAL SKILLS (List all pertinent skills, certifications and equipment that you can operate)

**WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)**

Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Supervisor
		Last Salary
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Supervisor
		Last Salary
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Supervisor
		Last Salary
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Supervisor
		Last Salary
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

I authorize LiquaDry, Inc. to contact each former employer, firm or corporation. I authorize any of these persons to give all information concerning work-related items and I release all parties from liability for any damage that may result from furnishing same to you.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I also understand that if accepted by LiquaDry, Inc., my employment is voluntarily entered into and I am free to resign at any time. Similarly, LiquaDry, Inc. is free to conclude my employment at any time. I further recognize that this application is not a contract and cannot create a contract.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_