

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. False statements are a cause for disqualification or dismissal.
3. Date and sign the application in all locations requested.

GENERAL INFORMATION

Name Last	First	Middle Initial	
Mailing Address	City	State	Zip
Referral Source <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Online <input type="checkbox"/> Walk In <input type="checkbox"/> LiquaDry Employee: _____ <input type="checkbox"/> Other: _____	E-Mail Address		Telephone <input type="checkbox"/> Mobile <input type="checkbox"/> Home
		Are you legally entitled to work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		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	Desired Salary	Date Available	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				

RESUME

Have you attached or provided your resume? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, you only need to provide any information not given on your resume and sign the application at the bottom of the second page. • If no, please complete all sections of the application.
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EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No							If no, list the highest grade completed:	
College, School, Military, etc. <i>(Most recent first)</i>								
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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RELEVANT KNOWLEDGE, SKILLS and/or ABILITIES *(i.e. certifications, experience with specific equipment, tools and/or processes.)*



WORK EXPERIENCE *(most recent first)*

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

APPLICANT AUTHORIZATIONS, ACKNOWLEDGEMENTS AND CERTIFICATIONS

- ___ I authorize LiquaDry, Inc. or authorized agent 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 authorize LiquaDry, Inc. or authorized agent to **conduct a background check** for employment purposes.
- ___ I acknowledge that **passing a pre-employment drug test and physical** may be a condition of hire and continued employment.
- ___ 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 _____

