Productive Innovation
Jennerjahn Machine

APPLICATION FOR EMPLOYMENT

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE

NAME
LAST FIRST MIDDLE

PRESENT ADDRESS
Street City State Zip

PERMANENT ADDRESS
Street City State Zip

PHONE NO. ARE YOU 18 YEARS OR OLDER? Yes ☐ No ☐

IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE THE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK? Yes ☐ No ☐

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? Yes ☐ No ☐

WILL YOU NOW OR IN THE FUTURE REQUIRE SPONSORSHIP FOR EMPLOYMENT VISA STATUS?
Proof of citizenship or immigration status will be required upon employment. Yes ☐ No ☐

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR?
Conviction will not necessarily disqualify an applicant from employment. Yes ☐ No ☐

IF CHECKED YES, PLEASE DESCRIBE:

EMPLOYMENT DESIRED

POSITION: DATE YOU CAN START? SALARY DESIRED $

ARE YOU EMPLOYED NOW? Yes ☐ No ☐ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? Yes ☐ No ☐

EVER APPLIED OR WORKED FOR THIS COMPANY BEFORE? Yes ☐ No ☐ WHEN?

REFERRED BY:

EDUCATION	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			

SPECIAL SKILLS

Are there any special skills or qualifications which would assist you in your employment at Jennerjahn?

EMPLOYMENT

List **all** employment, cooperative, military or summer work experience since the age of 18, including periods of self-employment. **Give past employment as completely as possible, starting with your present or most recent employer. Do not skip or omit any employment, including the information sought on this application. For any period of unemployment or self-employment, show dates and explain. If you need additional space, please continue on a separate piece of paper.**

1.

Employer: _____ Okay to Contact: Yes☐ No☐ Employed From: _____ To: _____

Address: Position Title: _____ Base Salary: $ _____

Duties: Bonus or Commission: $ _____

Reason for Leaving: Total Annual Compensation: $ _____

Supervisor: _____

Telephone: _____

2.

Employer: _____ Okay to Contact: Yes☐ No☐ Employed From: _____ To: _____

Address: Position Title: _____ Base Salary: $ _____

Duties: Bonus or Commission: $ _____

Reason for Leaving: Total Annual Compensation: $ _____

Supervisor: _____

Telephone: _____

3.

Employer: _____ Okay to Contact: Yes☐ No☐ Employed From: _____ To: _____

Address: Position Title: _____ Base Salary: $ _____

Duties: Bonus or Commission: $ _____

Reason for Leaving: Total Annual Compensation: $ _____

Supervisor: _____

Telephone: _____

Have you **ever** been discharged or requested to resign from a job in your employment history? If yes, explain the circumstances.

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

Name	Address/Phone	Business	Years Acquainted
1.			
2.			
3.			

IN CASE OF EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

APPLICANT'S STATEMENT
Please Read Carefully

1. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. You are also hereby authorized to make any investigation of my personal history and financial and credit record either directly or through any investigative or credit agencies or bureaus of your choice.

2. This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should complete an additional application.

3. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that I may resign at any time and the Company may discharge me at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by President of the Company.

4. I understand that statements contained in policies, practices, handbooks, and other Company materials do not create any contract, express or implied, or guarantees of employment or continued employment. I understand that the Company has an absolute and unconditional right to modify, amend or terminate policies, practices, benefit plans and other Company programs as it sees fit.

5. I understand that any offer of employment will be contingent upon my passing any pre-employment screening procedures required, including but not limited to a post-offer, pre-employment drug screening procedure and medical examination. By signing this application, I expressly consent to these procedures.

6. In the event of employment, I hereby certify that the facts set forth in my application for employment are true, accurate, and complete. I understand that the Company is relying on me to provide true, accurate, and complete information and that any employment decision is based upon these representations. If employed, I understand that false, misleading, or incomplete information or omissions, as determined in the Company's sole discretion, in my application, resume, or interview(s) may result in termination, whenever discovered, and that the Company shall not be liable in any respect if any employment is so denied or terminated because of such false, misleading or incorrect statements, answers or omissions made by me.

7. If employed by the Company, I agree to sign and comply with a Non-compete, Non-employment by Customer, and Confidentiality Agreement concerning the Company's patents, inventions, trade secrets and confidential information.

8. I hereby acknowledge, by my signature below, that I have read or have had read to me Paragraphs 1, 2, 3, 4, 5, 6, and 7 above, and that I understand the meaning and intent of this information.

DATE OF SIGNATURE _____ SIGNATURE _____

Note: If you do not have an Adobe Signature, please sign your name below. Typing your name below will serve as your official signature for this document.

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS: _____

HIRED: YES NO POSITION _____ DEPT. _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

APPROVED: _____
DEPT HEAD