

NITTERHOUSE COMPANIES

Date of Application:

Employment Application

To Applicant: We appreciate your interest in our Company. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications. We consider applicants for all positions, without regard to race, religion, gender, national origin, age, marital status, disability, Vietnam Era Veteran Status, or any other legally protected status. EOE

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ Apt/#: _____

City: _____ State: _____ Zip: _____

Phone/Cell: _____ Email Address: _____

Position Applied for: _____ Desired Salary: _____ Date Available: _____

How did you hear of this position?			When would you be available for work?		
Would you work full time?	YES	NO	Are you willing to work 2 nd shift?	YES	NO
Would you work part time?	YES	NO	Are you willing to work 3 rd shift?	YES	NO
Are you on lay-off & subject to recall?	YES	NO	Are you willing to work overtime?	YES	NO
Are you willing to travel if the job requires?	YES	NO	Are you willing to travel full time?	YES	NO
Have you worked for this Company before? If YES, when?	YES	NO	If employed & you are under 18, can you furnish a work permit?	YES N/A	NO
Have you applied for this Company before? If YES, when?	YES	NO	Are you legally permitted to work in the US? (Proof will be required immediately upon employment)	YES	NO
Have you ever been convicted of a felony? (Exclude convictions dismissed by a court)			YES NO		
If YES, please provide the following information— Type of charge; Date; County where matter is pending; & current status:					
List any friends or relatives working here:					

EDUCATION

High School:

College/Trade School:

From: _____ To: _____ Graduate: YES NO

From: _____ To: _____ Graduate: YES NO

List any Special Skills/Training: _____

MILITARY SERVICE RECORD

Have you served in the U.S. Armed Forces? YES NO

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

References

Please list two professional references:

Full Name:	Full Name:
Company Name:	Company Name:
Contact Information:	Contact Information:

Employment

Please list your previous employment – starting with most recent/present job

1. Employer Name:	Start Date:	End Date:
Address:	Salary:	Phone:
Job Responsibilities:	Reason for Leaving:	

2. Employer Name:	Start Date:	End Date:
Address:	Salary:	Phone:
Job Responsibilities:	Reason for Leaving:	

3. Employer Name:	Start Date:	End Date:
Address:	Salary:	Phone:
Job Responsibilities:	Reason for Leaving:	

JOB APPLICANT'S AGREEMENT AND CERTIFICATION:

I certify the information given by me in this application is true in all respects and agree that if the information is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of this information to verify my statements and authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from all liability or damages for having provided such information.

I understand that nothing contained in this employment application or in granting an interview is intended to create an employment contract.

I understand that if employed, Company policies and rules are conditions of employment and may be revised, in whole or part, at any time. The Company reserves and retains the right to make changes in the terms and conditions of my employment as they determine to be appropriate.

I understand that this application will expire after ninety (90) days from the date completed, after which time I must re-apply in accordance with Company procedures.

Applicant's Signature: _____ **Date:** _____

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I, _____, authorize the above-named Company to conduct a complete background check pertaining to previous employment and criminal records.

DOB: _____ **Signature:** _____ **Date:** _____

**Date of Birth is requested only for the purposes of identification in obtaining accurate retrieval of records, and it will not be used for discriminatory purposes.

APPLICANTS CONSENT FOR DRUG ANALYSIS:

I, the undersigned applicant, understand that any conditional offer of employment will be subject to satisfactory completion of a drug analysis within 24 hours of notification

I consent to pre-employment drug analysis including tests for drugs and substances subject to abuse, and I authorize the release to appropriate personnel within the Company any information pertinent to my employment, including the results of these tests. I understand and agree positive test results or any attempt to alter the sample will prevent me from being hired. I may request a second test be performed on the specimen yielding a positive result, at my expense. I authorize the Company to deduct the costs of the pre-employment tests from my final paycheck should I resign from the Company within two weeks of my start date.

Signature: _____ **Date:** _____ **Time:** _____

Witness Signature: _____ **Date:** _____ **Time:** _____