

APPLICATION FOR EMPLOYMENT

FAA Filters LLC
200 Westshore Blvd.
Newark, N.Y. 14513

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including, but not limited to, race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, physical or mental disability, veteran status or any other basis recognized by federal, state or local law.

Last Name	First	Middle	Date
Street Address			Home Telephone ()
City, State, Zip			Business Telephone ()
Have you ever been employed at FAA Filters either through a Temporary agency or direct? <input type="checkbox"/> Yes <input type="checkbox"/> No If so when? _____			Social Security #
Position Desired			Pay Expected
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not be annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe in full.			Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," with what employers?

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

Company Name

Address

Name of Supervisor

State Job Title and Describe Your Work

Telephone
()

Employed - (State month and year

Reason for leaving

Company Name

Address

Name of Supervisor

State Job Title and Describe Your Work

Telephone
()

Employed - (State month and year

Reason for leaving

Company Name

Address

Name of Supervisor

State Job Title and Describe Your Work

Telephone
()

Employed - (State month and year

Reason for leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer Number(s)_____ Reason_____

MILITARY

Did you serve in the
U.S. Armed Forces ☐ Yes ☐ No

If "Yes," in what Branch?

Describe any training received relevant to the position for which you are applying.

Additional Information

Membership in professional and civic organizations, special accomplishments, awards, etc.
(Exclude those which may disclose your race, color, religion, age or national origin)

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(Exclude those which may disclose your race, color, religion, age or national origin)

REFERENCES

Please give the names of three work-related references that we may call. Please do not list relatives.

Name and Position	Company	Telephone Number

APPLICANT'S STATEMENT (Please read carefully)

I understand that my employment is terminable at will, with or without notice, at any time, at the option of either the Company or myself. I understand that this application is not and is not intended to be a contract for continued employment.

I further understand that no manager or representative of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I understand that according to Federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status or, if aliens, their legal authorization to work in the U.S.

As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

I hereby authorize FAA Filters LLC to obtain information from my previous employers and such other sources as FAA Filters LLC determines to be reasonably necessary in connection with my employment.

I understand that falsification of any information submitted to FAA Filters LLC by me for employment consideration may result in employment termination if I am subsequently employed by FAA Filters LLC. I understand that if I am hired, I will conform with the rules and regulations of the Company.

The information provided above is correct to the best of my knowledge.

FAA Filters LLC is committed to a drug free work environment. I understand that if I am offered a position with FAA Filters LLC, employment will be contingent upon passing a pre-employment drug test.

Signature of Applicant _____

Date of Application _____

FOR EMPLOYER'S USE ONLY

Employer	Person Contacted	Results
1		
2		
3		
4		

Interviewer Name and Comments