*****An Equal Opportunity Employer*

**Application for Employment**

**Custom Powder Systems LLC**

Applicant for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to person with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained.

Position Applied for: Agency: .

Full Legal Name: Home Phone: ( ) .

Address: Business Phone: ( ) .

 Email Address: .

**EDUCACTION**

Do you have a high school diploma or equivalency diploma? Yes No

List the number of years of post-high school education: .

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name/Location of Institution** | **Hours** | **Degree Received** | **Major or Specialty** | **Minor** | **Dates Attended** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: .

**EXPERIENCE** – *Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items.*

***May we contact your present supervisor? Yes No***

|  |  |
| --- | --- |
| **Job Title:** | **Duties:** |
| **Employer:** |  |
| **Address:** |  |
|  |  |
| **Phone:** |  |
| **Type of business:** |  |
| **Immediate supervisor/Title:** | **Number/titles of employees you supervised:** |
| **Salary: (start/finish)** | **Equipment Used:** |
| **Dates from/to: (mo/yr)** | **Reason for leaving:** |
| **Full-time Part-time Hours/week** | **Your name if different from present:** |

|  |  |
| --- | --- |
| **Job Title:** | **Duties:** |
| **Employer:** |  |
| **Address:** |  |
|  |  |
| **Phone:** |  |
| **Type of business:** |  |
| **Immediate supervisor/Title:** | **Number/titles of employees you supervised:** |
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|  |  |
| --- | --- |
| **Job Title:** | **Duties:** |
| **Employer:** |  |
| **Address:** |  |
|  |  |
| **Phone:** |  |
| **Type of business:** |  |
| **Immediate supervisor/Title:** | **Number/titles of employees you supervised:** |
| **Salary: (start/finish)** | **Equipment Used:** |
| **Dates from/to: (mo/yr)** | **Reason for leaving:** |
| **Full-time Part-time Hours/week** | **Your name if different from present:** |

Use this space for any additional information you think would help us evaluation your application, including training, seminars, workshops, and special achievements or specialized skills:

Computer skills (specify equipment/software):

License (to include driver’s), certificate or other authorization to practice a trade or profession.

|  |  |  |
| --- | --- | --- |
| **Type** | **License Number** | **Granted by (licensing board)** |
|  |  |  |
|  |  |  |

**REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Phone** | **Relationship** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**MISCELLANEOUS**

**(Check all that apply)**

Shift you are available: Day Evening Night Rotating Weekends

Job status you will accept: Full-time Part-time (specify # of hours)

Employment status you will accept: Salaried Hourly Part-time Salaried (partial benefits only)

Are you willing to overnight travel? Yes No **If Yes**, Occasional Frequent

Are you JII □Yes

What date will you be available to start? .

For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? Under the Immigration Reform and Control Act of 1986, you will be required to complete a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

I understand that (1) the company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

**CERTIFICATION**

I hereby certify that all entries on all pages are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of Custom Powder Systems, LLC. I understand that all information on this application is subject to verification and I consent to criminal history background checks, any my credit records. I also consent that you may contact references, former employers, and education institutions listed regarding this application.

Applicant Signature Date