



APPLICATION FOR EMPLOYMENT

EEO Employer M/F/D/V

Nol-Tec Systems, Inc. will not discriminate with regard to age, sex, sexual orientation, color, race, creed, national origin, religion, marital status, status with regard to public assistance, membership or activity in a local commission, disability or any other characteristics protected by federal, state, or local statutes that apply to us.

PERSONAL INFORMATION

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

If hired, can you provide the documents required to prove that you are authorized to work in the U.S.? YES NO

EMPLOYMENT DESIRED

Position _____ Date you can start _____

How were you referred to our organization? _____

EDUCATION

TYPE	NAME AND LOCATION	COURSE OF STUDY	NO. YEARS COMPLETED	DEGREE/DIPLOMA
HIGH SCHOOL				
COLLEGE				
TECHNICAL				
OTHER-SPECIAL STUDIES				

EMPLOYMENT RECORD (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

Name and address of present or last employer _____
 Start Date _____ Leaving Date _____
 Job Title _____ May we contact your supervisor? _____
 Name and title of supervisor _____ Phone Number _____
 Description of work _____

 _____ Reason for leaving _____

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REFERENCES: (PERSONS LISTED BELOW WILL BE CONTACTED)

NAME	COMPANY NAME AND LOCATION	PHONE NO.
Previous Supervisor:		
Previous Supervisor:		
Previous Co-worker:		
Previous Co-worker:		

I understand that the employer follows an employment-at-will policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that to be employed I must be lawfully authorized to work in the United States, and I must show the employer documents that will prove this if I am offered the job.

I understand that the company will thoroughly investigate my work and personal history and verify all data given on the application, or related papers, and in interviews. I authorize all individuals, schools and firms named within to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature: _____ Date: _____

Your application for employment will remain on file for one year from the date of this application.