

# EMPLOYMENT APPLICATION

## TUBELITE INC.

An Equal Opportunity Employer

Today's Date \_\_\_\_\_

Last Name		First Name	Middle Initial
Current Address		City	State Zip
Phone Number		Alternate Phone Number	

Are you at least 18 years old?    Yes    No                      Do you have legal authorization to work in the US?    Yes    No

Have you ever been convicted of a crime?    Yes    No    When? \_\_\_\_\_    For What? \_\_\_\_\_

Note: a conviction is not an automatic bar to employment

What position are you applying for? \_\_\_\_\_ Preferred Shift \_\_\_\_\_

Have you ever worked for Tubelite before?    Yes    No    When? \_\_\_\_\_    Position? \_\_\_\_\_

Do you know anyone currently working for Tubelite?    Yes    No    If so, who? \_\_\_\_\_

### Education

High School \_\_\_\_\_ Did you graduate?    Yes    No

College \_\_\_\_\_ Number Years Attended \_\_\_\_\_

Course of Study \_\_\_\_\_

Trade School \_\_\_\_\_ Number Years Attended \_\_\_\_\_

Course of Study \_\_\_\_\_

### Current Employment

Are you currently employed?    Yes    No (If yes, please complete the following)

Current Employer, city and state \_\_\_\_\_ Wage \_\_\_\_\_

Job Responsibilities \_\_\_\_\_

Supervisor \_\_\_\_\_ Dates employed from \_\_\_\_\_ (month, year)    To \_\_\_\_\_ (month, year)

Why do you want to leave this position?

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### Past Employment

List past employment, starting with the most recent

Employer, city and state \_\_\_\_\_

Position \_\_\_\_\_ Wage \_\_\_\_\_

Job Responsibilities \_\_\_\_\_

Supervisor \_\_\_\_\_ Dates employed from \_\_\_\_\_ (month, year)    To \_\_\_\_\_ (month, year)

Why did you leave this position?

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Employer, city and state \_\_\_\_\_  
Position \_\_\_\_\_ Wage \_\_\_\_\_  
Job Responsibilities \_\_\_\_\_  
Supervisor \_\_\_\_\_ Dates employed from \_\_\_\_\_ (month, year) To \_\_\_\_\_ (month, year)  
Why did you leave this position?  
\_\_\_\_\_  
\_\_\_\_\_

Employer, city and state \_\_\_\_\_  
Position \_\_\_\_\_ Wage \_\_\_\_\_  
Job Responsibilities \_\_\_\_\_  
Supervisor \_\_\_\_\_ Dates employed from \_\_\_\_\_ (month, year) To \_\_\_\_\_ (month, year)  
Why did you leave this position?  
\_\_\_\_\_  
\_\_\_\_\_

Employer, city and state \_\_\_\_\_  
Position \_\_\_\_\_ Wage \_\_\_\_\_  
Job Responsibilities \_\_\_\_\_  
Supervisor \_\_\_\_\_ Dates employed from \_\_\_\_\_ (month, year) To \_\_\_\_\_ (month, year)  
Why did you leave this position?  
\_\_\_\_\_  
\_\_\_\_\_

### **Applicant Statement**

I affirm that the information provided on this application is true and complete. I also agree that any false information, misrepresentations, or omissions may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date. I authorize a thorough investigation of all statements and references on this application and of my employment history. I release from all liability all persons and corporations requesting or supplying such information and waive any right to notice of disclosure. Should I receive a conditional offer of employment, I agree to submit to any physical, psychological, or medical examination. I authorize any physician or entity conducting such medical examination to release the result to Tubelite.

I also understand that if I have a protected disability that affects my ability to do the job I seek, I may ask Tubelite to attempt to make a reasonable accommodation for it. I must make my request in writing to the Human Resources Department as soon as possible, no later than 182 days after the date I know or reasonably should know the accommodation is needed.

I give my consent to Tubelite, through an authorized testing service, to conduct any medical tests to determine the presence of alcohol, drugs, or controlled substances and I hereby release Tubelite from any liability arising out of such tests or results. If I am employed by Tubelite, I consent to be tested in the above manner during my employment when, in the Company's judgement, such testing is appropriate, and I acknowledge that remaining free of illegal drug use and complying with the Company's substance abuse policy is a condition of my employment.

Tubelite Inc. is an equal opportunity employer committed to providing equal employment opportunity to any person who applies for a job or works for the Company. Employment opportunities at Tubelite are filled without regard to race, religion, color, height, weight, creed, national origin, age, sex, marital status, veteran's status, or physical or mental handicap, in regard to any position for which the person is qualified.

Employment with Tubelite is voluntary and employees are free to resign with or without cause at any time. Similarly, Tubelite may terminate the employment relationship with an employee at any time, with or without notice or cause, so long as there is not violation of applicable federal or state law or violation of the union contract, if applicable.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

# Invitation to Identify

Our organization is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, disability, or any other basis prohibited by federal, state, or local law. No question on this form is intended to secure information to be used for such discrimination.

Completion of this form is voluntary and in no way affects the decision regarding your employment opportunity. The information provided will be held in the strictest confidence, will be maintained in a separate file, and will not be used in a manner inconsistent with Equal Opportunity principles.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

PLEASE CHECK ONE:  Male  Female

PLEASE CHECK ONE:  Hispanic/Latino  Not Hispanic/Latino (if not Hispanic/Latino, please address race below)

INDICATE THE APPROPRIATE RACE GROUP(S) (Response not required if identified as Hispanic/Latino above):

<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Two or More Races

## HOW WERE YOU REFERRED TO THIS JOB:

- |  |  |
|--|--|
| <input type="checkbox"/> Advertisement     | <input type="checkbox"/> School/College                |
| <input type="checkbox"/> Employee Referral | <input type="checkbox"/> State Job Service             |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Temporary Agency              |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Walk In                       |
| <input type="checkbox"/> Recruiter         | <input type="checkbox"/> Other (please specify): _____ |