

Application For Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date _____

Employee Name: _____
Address _____

Phone Number _____ Email Address _____

SS # _____ Date of Birth _____

Driver license number _____ State _____
License ever suspended? No _____ Yes/Date/Reason _____

Number of Dependents _____

Limitations: Mental/Physical _____

Medications _____

History of Drug/Alcohol dependency No _____ Yes _____
Rehabilitation dates _____

Convicted of a Crime No _____ Yes _____
Type _____
Incarceration dates _____

Emergency Information
Name of Person _____
Relationship _____
phone number(s) _____

Is there any information we would need about your name or use of another name for us to be able to check your work records? Please specify: _____

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity(valid driver's license, birth certificate,Green Card,etc) within 3 days of hired Failure to submit will result in immediate employment termination.

Signature _____

Educational History

	School Name/Location	Years Completed	Degree/Diploma
High School	_____	_____	_____
College	_____	_____	_____
Tech. Training	_____	_____	_____
Other	_____	_____	_____

Employment Record *(please include all employment for the last three years)*

1 _____
Company Name (Current or Most Recent) _____ Position _____
_____ Dates Employed _____
Address _____
_____ Telephone _____ Wage _____
Manager/Supervisor _____
Reason for Leaving _____

2 _____
Company Name _____ Position _____
_____ Dates Employed _____
Address _____
_____ Telephone _____ Wage _____
Manager/Supervisor _____
Reason for Leaving _____

3 _____
Company Name _____ Position _____
_____ Dates Employed _____
Address _____
_____ Telephone _____ Wage _____
Manager/Supervisor _____
Reason for Leaving _____

References *(Please do not include relatives)*

1	_____	_____
	Name	years known
	_____	_____
	Address	Telephone

	Occupation	
2	_____	_____
	Name	years known
	_____	_____
	Address	Telephone

	Occupation	
3	_____	_____
	Name	years known
	_____	_____
	Address	Telephone

	Occupation	

Work Availability

If your application receives favorable consideration, when will you be available to begin work? _____

- | | | |
|--|---------|--------|
| Do you have any objection to working overtime? | () Yes | () No |
| Can you work overtime without prior notice | () Yes | () No |
| Can you work on Saturday | () Yes | () No |
| Can you work on Sunday | () Yes | () No |
| Can you work on Holidays | () Yes | () No |
| Are you willing to be "on call" | () Yes | () No |
| Can you travel if required | () Yes | () No |

Background Research Release, Employment at Will

Please read this section carefully and acknowledge your understanding by signing your name in the space below.

I certify that all of the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge.

1. Consent to Conduct Background Investigation

As a condition of and in consideration for Conti Testing Laboratories, Inc. consideration of this application, I give permission to Conti Testing Laboratories, Inc. to investigate my personal and employment history. I understand that this background investigation will include, and not limited to, verification of all information on this application, as well as interviews with past employers. I further give permission to Conti Testing Laboratories, Inc. to conduct this investigation and to discuss the results of this investigation in connection with my application for employment.

2. Consent to Contact Past Employers

I give permission to Conti Testing Laboratories, Inc. to contact all employers listed in this application (except those specifically noted to exclude) for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with Conti Testing Laboratories, Inc, consent to the release of such information orally or in writing, and hereby releases them from all liability and agree not to sue them for defamation or other claims based upon any statement they make to any representative of Conti Testing Laboratories, Inc. I further waive all rights I may have under state law to receive a copy of any written statement provided by any of my former employers to Conti Testing Laboratories, Inc. I further agree to indemnify all past employers for any liability that may incur because of their reliance upon this release.

3. Consent to Contact Government Agencies

I give my permission to any agent, attorney or representative of Conti Testing Laboratories, Inc to receive a copy of any information obtained in the file of any federal, state, or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information and waive any right under state law concerning notification of the request for a release of such information. In the event a state laws does not provide for prospective employers to have access to information, I hereby delegate Conti Testing Laboratories, Inc as my agent for receipt of information. I understand that the scope of this investigation will be limited to criminal and/or civil records that relate to my honesty, integrity and/or abilities.

4. Cooperation with Investigation

I agree to fully cooperate in Conti Testing Laboratories, Inc. background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information. In the event that any former employer or federal, state, or local governmental agency will not release reference information or criminal history information directly to the employee, I agree to personally request such information to the extent permitted by law.

5. Falsification Statement

I understand that any falsification of willful omission of fact made in this application or in connection with any background investigation may be sufficient grounds for rejection of this application or if discovered after an offer employment, for immediate dismissal.

6. Employment "At Will", Confidentiality, Non Solicitation

In consideration of my employment, I agree to conform to the rules and regulation of Conti Testing Laboratories, Inc and my employment and compensation is "at will" in that they can be terminated with or without cause, and with or without notice, at any time, at the option of either Conti Testing Laboratories, Inc, or myself, except as otherwise provided by law. I understand that no manager or representative of Conti Testing Laboratories, Inc other than the President of Conti Testing Laboratories Inc, has authority to enter into any agreement for employment for any specified period of time or to make any agreement or contract to the foregoing and that any promises to the contrary will only be relied upon by me if they are in writing and signed by the President of Conti Testing Laboratories, Inc. I agree directly or indirectly in any manner not to divulge, disclose or communicate any information that is proprietary to Conti Testing Laboratories Inc. and will protect such information and treat it as strictly confidential. While employed for Conti Testing Laboratories Inc and for a period of Two Years after leaving Conti Testing Laboratories Inc. I agree directly or indirectly not to solicit business or employment from or attempt to sell, license or provide the same or similar products or services as are provided by Conti Testing Laboratories Inc. to any customer, client, vendor, or associate of Conti Testing Laboratories Inc. Further I agree directly or indirectly not to solicit, induce or attempt to induce any employee of Conti Testing Laboratories to terminate his or her employment with Conti Testing Laboratories Inc. If the employee or contractor knowing or unknowingly violates this agreement he shall pay restitution of whatever amount is determined by an arbitrator or court for injuries resulting from breach of this agreement".

Applicant's Signature

Date