



# APPLICATION FOR EMPLOYMENT

## An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, veteran, marital status or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors

GENERAL

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Position Applied for \_\_\_\_\_ Today's Date \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Present Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Are you seeking? Full-time  Part-time  Temporary  When could you start work? \_\_\_\_\_

Are you willing to work overtime?  Yes  No

Are you 18 years of age or older? ..... Yes  No   
(If you are hired, you may be required to submit proof of age.)

If hired, can you furnish proof you are eligible to work in the U.S.? ..... Yes  No

Have you ever applied here before? Yes  No  If yes, when? \_\_\_\_\_

Were you ever employed here? Yes  No  If yes, when? \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_ Referral Name? \_\_\_\_\_

Have you ever been convicted of a felony, a misdemeanor negotiated from a felony charge, or a misdemeanor involving violence, theft, fraud, or moral turpitude in the last 7 years?

Include any plea of "guilty" or "no contest." (Exclude minor traffic violations) ..... Yes  No

If yes, give details \_\_\_\_\_  
(A conviction will not necessarily disqualify an applicant for employment.)

If employed, do you expect to be engaged in any additional business or employment outside of our job? ..... Yes  No

If yes, give details \_\_\_\_\_

(For positions that require a driver's license)

Do you have a valid driver's license? ..... Yes  No

Driver's License Number \_\_\_\_\_ Class of License \_\_\_\_\_ State Licensed In \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years? ..... Yes  No

If yes, give details: \_\_\_\_\_

**LIST NAME AND ADDRESS OF SCHOOLS**

High School or GED: \_\_\_\_\_  
Name City, State City State

Did you Graduate? Yes  No  Area of Study? \_\_\_\_\_

Degree Received? \_\_\_\_\_

College or University: \_\_\_\_\_  
Name City, State City State

Did you Graduate? Yes  No  Area of Study? \_\_\_\_\_

Degree Received? \_\_\_\_\_

Vocational or Technical: \_\_\_\_\_  
Name City, State City State

Did you Graduate? Yes  No  Area of Study? \_\_\_\_\_

Degree Received? \_\_\_\_\_

What skills or additional training do you have that relate to the job for which you are applying? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What machines or equipment can you operate that relate to the job for which you are applying? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

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List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **Note: A job offer may be contingent upon acceptable references from current and former employers. If necessary please include additional work history information on a separate sheet(s) and attach it to this application or attach your resume. Do not list "See Resume."**

NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	Reason For Leaving
NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	Reason For Leaving
NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	Reason For Leaving

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Have you worked or attended school under any other names? ..... Yes  No   
 If yes, give names: \_\_\_\_\_

Are you presently employed? ..... Yes  No   
 If yes, may we contact? \_\_\_\_\_

Have you ever been fired from a job or asked to resign? ..... Yes  No   
 If yes, please explain: \_\_\_\_\_

Give three references, not relatives.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

To assist in the evaluation of my employment application and/or for "employment purposes", I authorize the Boulder Scientific Company to request and receive any and all information concerning me from any persons, schools, companies, corporations, partnerships, government or government subdivisions, agencies, consumer reporting or investigative agencies, licensing agencies and of my previous employers now or at any time during my employment with the Boulder Scientific Company. This authorization includes, but is not limited to, authorization to check and verify any information contained in my employment application. I hereby authorize any and all aforesaid to furnish the Boulder Scientific Company any and all information concerning me. I hereby release all parties supplying information concerning me and the Boulder Scientific Company, its divisions, affiliates, agents, servants, and/or other employees from any and all liability and responsibility arising out of the collection, release, or use of information concerning me.

I understand that if an employment offer is extended, I may be required to undergo a physical examination and/or drug screen test at the expense of the Boulder Scientific Company. I further understand that if I do not successfully complete the physical examination or drug screen test, the Boulder Scientific Company may withdraw its employment offer, and I agree to hold the Boulder Scientific Company harmless for such withdrawal. I also understand that employment is conditional on my ability to verify my identity and eligibility for employment as required by the Immigration Reform and Control Act of 1986. Boulder Scientific Company participates in E-Verify.

I agree and understand that any employment which may be offered to me will not be for any definite period of time and that such employment is subject to termination by me or the Boulder Scientific Company at any time, with or without cause. I also agree and understand that nothing contained in this application nor any verbal statements made during the application process or during my employment shall be deemed an employment contract between me and the Boulder Scientific Company.

**I certify that all information furnished in this application, signed and dated by me this date, is true and complete to the best of my knowledge and belief and that falsification or omission of information requested in this application process shall be grounds for disqualification from further consideration or for termination of employment.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application for employment will remain active for a limited time. Ask the organization's representative for details.