



# Employment Application for Schilling Robotics

Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

<b>Applicant Data</b>	Position Applied For:
How were you referred to us:	

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_ Salary Requirements: \_\_\_\_\_

If you are under 18 years of age, can you provide a work permit? Yes No If no, please explain: \_\_\_\_\_

Have you ever worked for this company? Yes No If yes, when? \_\_\_\_\_

If selected for this position, can you provide evidence of your legal ability to work in the U.S? Yes No

If not, are you legally allowed to work in the United States? Yes No

Type of employment desired: Full-Time Part-Time Temporary Internship

Have you ever been convicted by any court of a felony? Yes No If yes, give dates and details: \_\_\_\_\_

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

## Summarize Your Special Skills or Qualifications

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**Previous Employment (begin with most recent position)**

Dates of Employment: From    /    /    To    /    /    Title of Position(s) Held:		
Employer:		Address:
City:	State:	Zip:
Phone:	Supervisor:	Title:
Responsibilities:		
Starting Salary and Title:		Ending Salary and Title:
Reason for Leaving:		
May we contact this employer for a reference?    Yes    No		

Dates of Employment: From    /    /    To    /    /    Title of Position(s) Held:		
Employer:		Address:
City:	State:	Zip:
Phone:	Supervisor:	Title:
Responsibilities:		
Starting Salary and Title:		Ending Salary and Title:
Reason for Leaving:		
May we contact this employer for a reference?    Yes    No		

Dates of Employment: From    /    /    To    /    /    Title of Position(s) Held:		
Employer:		Address:
City:	State:	Zip:
Phone:	Supervisor:	Title:
Responsibilities:		
Starting Salary and Title:		Ending Salary and Title:
Reason for Leaving:		
May we contact this employer for a reference?    Yes    No		

## Education

Did you graduate from high school?      Yes      No      If not, do you possess the equivalent?      Yes      No

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Name and Location of University or College, Business School, Trade School, Service School	Course of Study	Diploma, Degree or Certificate Obtained	Dates Attended

List below valid licenses, certificates of professional or vocational competence, or membership in professional associations.

License/Certification

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## References List three persons other than relatives or personal friends who have knowledge of your work experience and/or education.

Name	Mailing Address	Phone

## Authorization Application must be signed prior to submitting

Schilling Robotics is committed to providing equal employment opportunities to all employees and applicants without regard to unlawful considerations of race, religious creed, religion, color, sex, gender identity, sexual orientation, national origin, ancestry, citizenship status, military service status, marital status, pregnancy, childbirth and related conditions, age, medical condition, disability (mental or physical), or any other category protected by applicable federal, state, and local laws and ordinances. We invite you to complete the optional Voluntary Equal Opportunity Questionnaire below used for compliance with government regulations and record-keeping guidelines.

I hereby authorize investigation of all statements contained in this application and on my résumé. If provided, I certify that such statements are true, and understand that misrepresentation or omission of facts called for in this form, or on any resume provided by me, is cause for termination of employment without notice. I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_