

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.

Date of Interview:

Applicant Data

How were you referred to us:

Position Applied For:

Full Name:

Address:

City:

State:

Zip:

Phone:

Mobile/Pager/Other:

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?

Are you a citizen of the United States? 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 Seasonal

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

Previous Employment (begin with most recent position)

Dates of Employment: From / / To / / Position(s) Held:

Company Name: 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 / / Position(s) Held:

Company Name: 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 / / Position(s) Held:

Company Name: 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

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

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

License/Certification

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

NO PERSON SHALL BE DENIED EMPLOYMENT ON THE BASIS OF RACE, COLOR, ETHNICITY, NATIONAL ORIGIN, SEX/GENDER, SEXUAL ORIENTATION, RELIGION, CREED, DISABILITY (INCLUDING HIV STATUS, AGE, VETERAN STATUS, MARITAL STATUS OR EX-OFFENDER STATUS).

Employment is contingent upon furnishing evidence of identity and employment eligibility.

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 for, 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.

In the event that I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____