

# Application for Employment



Date: \_\_\_/\_\_\_/\_\_\_

**Part 1: To be completed by applicant**

Please use ink to complete.

PERSONAL			
Name:	Social Security #:	Phone Number:	
Present Street Address:	City:	State:	Zip Code
How long have you lived at the above address?	Are you 18 or older? Yes No No	If under 18, can you submit a work permit? Yes No	
Person to be notified in case of an emergency:	Name:	Phone Number:	
Current Address:	City:	State:	Zip Code

EMPLOYMENT HISTORY			
Job Applied for:	Looking for Full or Part-time ?	Rate of Pay Expected?	
Are you currently employed? Yes No	If so, may we contact your present employer?	Yes	No

AVAILABILITY			
Specify days and hours available:			
Are there any hours, shifts, or days you cannot or will not work?	Yes No	If yes, when?	
If hired, on what date would you be available to start work?			
If hired, do you have a reliable means of transportation?	Yes No	Driver License #:	State:

MISCELLANEOUS			
Have you worked for us before? Yes No	If yes, when and where?		
List any individuals currently employed with our company with whom you are familiar?			
Have you ever been convicted of a crime, excluding misdemeanor and summary offenses?	Yes	No	
If so, describe in full:			
Have you ever been fired, asked to resign, or been subject to disciplinary action in your current or previous employment?	Yes	No	
If so, describe in full:			
Are able to perform all of the essential functions of the job for which you are applying ?	Yes	No	
If hired, can you provide proof of eligibility to work in the United States prior to starting work?			

EDUCATION				
School Type	Name/City/State	Number of Years Attended	Graduated	Course of Major
Grade School				
High School				
College				
Graduate School				

**EMPLOYMENT HISTORY**

Begin with your most recent employer. Include any relevant volunteer or unpaid work and identify and explain all periods of unemployment during the past 10 years in the space provided. Attach additional pages as necessary.

Period(s) of unemployment:		
From: Month Year	To: Month Year	How did you spend this time?

Current or last employer:			
Employer's Name:	Phone Number:	Name of immediate Supervisor:	
Street Address:	City:	State:	Zip:
Dates of Employment: From: Mo. Yr. To: MO. Yr.	Titles/Duties:	Starting Salary: Present/Final:	Reason for Leaving:



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<b>Previous employer:</b>			
Employer's Name:		Phone Number:	Name of immediate Supervisor:
Street Address:		City:	State: Zip:
Dates of Employment:	Titles/Duties:	Starting Salary:	Reason for Leaving:
From: Mo. Yr.		Final Salary:	
To: Mo. Yr.			
<b>Previous employer:</b>			
Employer's Name:		Phone Number:	Name of immediate Supervisor:
Street Address:		City:	State: Zip:
Dates of Employment:	Titles/Duties:	Starting Salary:	Reason for Leaving:
From: Mo. Yr.		Final Salary:	
To: Mo. Yr.			

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with this company will be based only on your qualifications and merit.

### APPLICANT'S CERTIFICATION AND AGREEMENT (Please Read Carefully)

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and agree that Liquid Environmental Solutions (the "Company") may confirm any of the statements unless I have indicated to the contrary. I recognize and agree that the Company may conduct a general inquiry and investigation into my background and employment history. I authorize the referenced persons and former employers listed above, as well as all other individuals whom the Company contacts, to provide the Company any and all information concerning me and my previous employment and any other pertinent information that they may have. Furthermore, I release all parties and persons from any and all liability for any damage that may result from furnishing such information to the Company as well as from the use of or the disclosure of such information by the Company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer of employment or, if I am hired, it will subject me to immediate discharge.

In consideration of my employment, I agree to conform to and abide by the rules and standards of the Company and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. I understand that no employee or representative of the Company, other than the Chief Executive Officer (CEO) has any authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the CEO may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified time unless the CEO and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this application, along with other employment documents which I will sign if I am hired shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral or collateral agreements regarding this issue.

Liquid Environmental Solutions maintains a drug free workplace. All applicants must undergo a pre-employment drug screening at LES expense. Applicants testing positive for illegal substances will be disqualified from consideration. Upon hire, employees will be expected to abide by the company's drug testing policy, including random testing.

**IF EMPLOYED, I AGREE TO HOLD IN STRICTEST CONFIDENCE ANY INFORMATION CONCERNING THE COMPANY, IT'S INSURED, AND IT'S AGENTS WHICH MAY COME TO MY KNOWLEDGE.**

I also understand that all offers of employment are conditioned on the Company's receipt of satisfactory responses to reference requests and that provision of satisfactory proof of an applicant's identity and legal authority to work in the United States, as well as the satisfactory completion of any security screening, including pre-employment substance abuse screening, that may be required by the Company.

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

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

**EQUAL OPPORTUNITY EMPLOYER**

### Part 2: To be completed by employer

Date interviewed: _____	Name of interviewer: _____
Position offered: _____	Yes/indicate applicant: _____
Rate of pay: _____	Date approved: _____