

Fallon Industries Application For Employment



Applications Not Filled Out Completely Will Be Rejected

This Company is an equal opportunity employer. No question on this application is asked for the purpose of excluding any applicant's consideration for employment because of race, color, religion, sex, age, national origin, veteran's status or disability. ANY APPLICANT WILL BE IMMEDIATELY REJECTED FOR EMPLOYMENT OR, IF HIRED, TERMINATED WITHOUT NOTICE FOR GIVING FALSE INFORMATION IN THIS APPLICATION OR FAILING TO ACCURATELY PROVIDE INFORMATION REQUESTED. IF HIRED, EMPLOYMENT IS FOR NO FIXED TERM AND THE COMPANY OR THE EMPLOYEE CAN TERMINATE EMPLOYMENT AT ANY TIME.

General Information

1. Full Name _____
(Last) (First) (Middle)

List all other names you have worked under or are known by: _____
2. Address _____ Telephone No. _____
(No.) (Street) (City) (State) (Zip)
Mailing address, if different _____
How long have you been a resident of the city in which you reside? _____
Last previous address _____
(No.) (Street) (City) (State) (Zip)
3. Social Security # _____
4. If hired, can you furnish proof of age? ___ Yes ___ No
5. For what position are you applying?
1st _____ 2nd _____ 3rd _____
6. List any computer applications with which you are familiar:

7. Do you have any work-related military experience in a federal or state unit? ___ Yes ___ No
If yes please explain:

8. Have you ever been terminated or asked to resign? ___ Yes ___ No
If yes please explain:

9. Have you ever been an employee of this company under your own name or another name? ___ Yes ___ No
If yes please give name: _____
10. Do you have a means for getting to work regularly? ___ Yes ___ No
11. If an offer of employment is made, prior to your commencement of employment duties, you will be required to take a drug test/alcohol, the results of which may affect the offer of employment. Are you willing to undergo such an examination? ___ Yes ___ No

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Employment History: Please be detailed and accurate to avoid disqualification.

List employers in chronological order. Do not make any omissions.

1. Name of last Employer: _____ Telephone No. _____
Address: _____
Name of immediate supervisor: _____ Pay: \$ _____
From: _____ To: _____ Position: _____ Reason for Leaving: _____

2. Name of last Employer: _____ Telephone No. _____
Address: _____
Name of immediate supervisor: _____ Pay: \$ _____
From: _____ To: _____ Position: _____ Reason for Leaving: _____

3. Name of last Employer: _____ Telephone No. _____
Address: _____
Name of immediate supervisor: _____ Pay: \$ _____
From: _____ To: _____ Position: _____ Reason for Leaving: _____

4. Name of last Employer: _____ Telephone No. _____
Address: _____
Name of immediate supervisor: _____ Pay: \$ _____
From: _____ To: _____ Position: _____ Reason for Leaving: _____

5. Name of last Employer: _____ Telephone No. _____
Address: _____
Name of immediate supervisor: _____ Pay: \$ _____
From: _____ To: _____ Position: _____ Reason for Leaving: _____

6. Name of last Employer: _____ Telephone No. _____
Address: _____
Name of immediate supervisor: _____ Pay: \$ _____
From: _____ To: _____ Position: _____ Reason for Leaving: _____

Use the space below to give us further details or information in connection with what you wrote above which you believe should be explained. For example, if you have moved several times or your jobs were of short duration. Please explain any lapse in employment.

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7. Are you over 18 years of age? ___Yes ___No
8. Have you ever been convicted of a misdemeanor or felony involving abuse, neglect or misappropriation of property per NRS 449.188 under your own name or another name? (Do not include traffic tickets) ___Yes ___No

Education

School	Name of School	Graduated	Major/Minor Courses Taken	Degree
High School				
College				
Graduate Work				
Trade or Business				

9. From what state do you currently possess a valid driver's license?

- List out-of-state driver's license identification number if applicable: _____
10. What prompted your application? Employment Agency ___ Own Accord ___ Advertisement ___
Employee Referral ___ Other _____
11. Are you a U.S. Citizen? ___Yes ___No If not a U.S. Citizen if an offer of employment is extended can you provide proof of work eligibility for the U.S. ___Yes ___No

References:

List the name and contact information for three references whom we can contact an offer of employment be extended

1. Name: _____ Telephone Number: _____
Relationship: _____
2. Name: _____ Telephone Number: _____
Relationship: _____
3. Name: _____ Telephone Number: _____
Relationship: _____

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Affidavit- Please Read Carefully

To the best of my knowledge, I have truthfully disclosed all information asked for in this application.

I authorize contact with any person or entity named in this application and any other person or entity who may have knowledge concerning my past for the purpose of obtaining information material to my qualifications and suitability for employment.

I authorize all those with whom I am acquainted- previous employers, physicians, professionals, institutions, neighbors, friends, agencies asked to provide criminal conviction history and others- to furnish any and all information they may have concerning me which may be material to my qualifications and suitability for the job for which I have applied.

I also understand and agree that, if hired, my employment is for no definite period and may, regardless of date of payment of my wages, be terminated at any time at the sole discretion of the company or by me with or without prior notice, with or without reason. I acknowledge that no representative of the company other than a designated executive officer can enter into any agreement to the contrary. I also understand that any employment with the company will require me to observe company rules, policies and procedures which I realized may be changed at any time without notice. I hereby fully release the company, its agents and any person or entity that provides or receives information pursuant to this Affidavit from any and all liability and any damage which may arise there from.

This application will be kept under active consideration for ninety (90) days from the date of application shown below.

Date Received: _____ Application Signature: _____

Received by: _____ Date: _____

For Interview Use Only

Interviewed: Date & Time: _____ Interviewer _____

Employment offered? Yes No Offer Accepted? Yes No

Offer Conditional? Yes No

If offer conditional, describe:

If no offer made, state lawful reason: _____

Job classification: _____ Starting pay: \$ _____

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Please Print

Name: _____

Fallon Industries is an equal opportunity employer. All applicants are considered without regard to race, color, religion, sex, age, national origin, veteran status, disability or any other status that is protected or federal law.

In an effort to comply with government record keeping requirements, we ask that you VOLUNTARILY complete this information. The U.S. government is empowered to require employers to report the number of their applicants and employees in the racial, ethnic and veteran groups listed below. While employers are permitted to determine the group identification listed below by visual survey, we believe that in order to avoid mistake and misunderstanding, every applicant should have the opportunity to answer this question personally.

THIS INFORMATION WILL ONLY BE USED FOR REPORTING TO GOVERNMENTAL AGENCIES. IT WILL NOT BE USED IN DETERMINING ELIGIBILITY FOR EMPLOYMENT AND WILL BE KEPT SEPARATE FROM THE APPLICATION FORM.

SEX: Female Male

ETHNIC BACKGROUND:

Caucasian/White American Indian/Alaska Native
 Hispanic/Latino Asian/Pacific Islander
 African American Other (Specify) _____

Definitions: Federal government regulations define the racial and ethnic classifications as follows:

Caucasian/White (not Hispanic Origin) - All persons having origins in any of the original peoples of Europe, North Africa or Middle East.

African American (not Hispanic Origin) - All persons having origins in any of the Black racial groups of Africa.

Asian or Pacific Islander – All persons having origins in any of the ordinal peoples of the Far East, Southwest Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, Samoa, India, and Pakistan.

American Indian or Alaska Native – All person having origins in any of the original peoples of North America, and who maintain cultural identification through affiliations company or community recognition.

Hispanic/Latino – All person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

MILITARY STATUS:

(Please select one of the following if applicable)

Vietnam Era Veteran

Veteran who served in the Active Military, Naval or Air Service in the Southwest Asia Theatre of Operations (8-2-90 to 1-2-92 Persian Gulf)

Signature

Date