



# Employment Application

We are an Equal Opportunity Employer

Please complete the entire application.

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

<b>Applicant Information</b>			
Name (first, middle, last)			
Address (street, city, state, zip code)		Mobile Telephone (    )	
Email Address		Home Telephone (    )	
Are there other names under which you have worked or attended school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list for reference checking purposes.			
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If hired, you will be required to provide proof of work authorization.)			
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.			
Have you ever applied at our company before? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, when: _____		Have you ever worked at our company before? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, when: _____	
Position Applying For:	Part-Time or Full-Time Desired	Salary Preference	Shift Preference
When can you start?			
How were you referred to the company? <input type="checkbox"/> Agency <input type="checkbox"/> Company Website <input type="checkbox"/> Social Media <input type="checkbox"/> School <input type="checkbox"/> Friend/Relative _____ <input type="checkbox"/> Other _____			
Special Skills			
1. If relevant, please describe computer proficiency, software knowledge, and office equipment experience.			
2. If relevant, please describe experience using manufacturing machines and equipment.			



**Education**

School	Name and Location (city, state)	No. Years Attended	Major Subjects	Diploma or Degree Received
High				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:

**Training Courses**

List any relevant training programs completed.

Course/Seminar	Organization Sponsoring	Content	Date(s) Attended

**Required License(s)**

If required to drive a motor vehicle for the job you are applying for, please provide your:

1) Driver's License Number

2.) State Issued

Are you licensed with any group, association or society relating to the job for which you are applying?

Yes    No

Registration or License Number	State Issued	Expiration Date
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Employment History (start with most recent; use separate sheet if necessary)		
Name of Employer	Telephone (      )	
Address		
Job Title	Employment Dates (month and year)	
Name of Immediate Supervisor	From	To
Description of Duties		
Salary — start	Salary — end	Reason for Leaving
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Employer	Telephone (      )	
Address		
Job Title	Employment Dates (month and year)	
Name of Immediate Supervisor	From	To
Description of Duties		
Salary — start	Salary — end	Reason for Leaving
Name of Employer	Telephone (      )	
Address		
Job Title	Employment Dates (month and year)	
Name of Immediate Supervisor	From	To
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Salary — start	Salary — end	Reason for Leaving
Name of Employer	Telephone (      )	
Address		
Job Title	Employment Dates (month and year)	
Name of Immediate Supervisor	From	To
Description of Duties		
Salary — start	Salary — end	Reason for Leaving

Employment References	
List individuals familiar with your job qualifications (no relatives or personal friends).	
Name	Telephone (      )
	Email Address
Address	
Relationship	How long known?
Name	Telephone (      )
	Email Address
Address	
Relationship	How long known?
Name	Telephone (      )
	Email Address
Address	
Relationship	How long known?

**Please Read Carefully Before Signing This Application**

1. I attest with my signature below that all information contained in this application is true and correct to the best of my knowledge and belief, and that no requested information has been concealed or omitted. I understand that providing untrue or misleading information, concealing requested information or omitting relevant information may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize Zorn Compressor & Equipment Inc. to confirm my responses on this application and contact any or all of my former employers or any individuals familiar with my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information about my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that upon receiving a conditional job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)
4. I understand that if the position for which I have applied requires driving, having and maintaining a valid driver's license and satisfactory driving record is a condition of my employment. I agree to allow Zorn Compressor & Equipment Inc. to check my driving record prior to hire and to check it periodically thereafter.
5. Regardless of whether or not I become employed by Zorn Compressor & Equipment Inc., I recognize this application is not and should not be considered a contract of employment. I understand that employment at Zorn Compressor & Equipment, Inc. is on an at-will basis and that if hired, my employment may be terminated with or without cause, and without notice, at any time, at my option or the option of Zorn Compressor & Equipment Inc., unless specifically provided otherwise in a written employment contract. I further understand that no Zorn Compressor & Equipment Inc. employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the Company, and then only by means of a signed, written document.

Signed by Applicant \_\_\_\_\_

Date \_\_\_\_\_

**Thank you for your interest in Zorn Compressor & Equipment Inc.**