



Employee: _____ Start Date: _____

APPLICATION for EMPLOYMENT

PERSONAL INFORMATION

Name: _____ Date: _____

Present Address _____

City, State, ZIP: _____

Home Telephone #: _____ Cell #: _____

E-mail address: _____

EMPLOYMENT DESIRED

Position(s) applied for _____

Salary Desired _____ Days/hours available to work _____

How many hours can you work weekly? _____

Employment Desired: FULL-TIME ONLY PART-TIME ONLY FULL OR PART TIME

When are you available to begin work? _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Business or trade school				
OTHER				

Employee: _____

Start Date: _____

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheet if necessary			
Name of employer	Name of last Supervisor	Employment dates	Pay or Salary
Address		From	Start
City, State, ZIP		To	Final
Phone Number			
Reason for Leaving			
List the duties you performed, skills used or learned advancements or promotions			
Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheet if necessary			
Name of employer	Name of last Supervisor	Employment dates	Pay or Salary
Address		From	Start
City, State, ZIP		To	Final
Phone Number			
Reason for Leaving			
List the duties you performed, skills used or learned advancements or promotions			
Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheet if necessary			
Name of employer	Name of last Supervisor	Employment dates	Pay or Salary
Address		From	Start
City, State, ZIP		To	Final
Phone Number			
Reason for Leaving			
List the duties you performed, skills used or learned advancements or promotions			

Employee: _____

Start Date: _____

Candidate Reference Check Authorization

Reference for Past Employers

1. Name: _____

Phone: _____

Email: _____

2. Name: _____

Phone: _____

Email: _____

3. Name: _____

Phone: _____

Email: _____

I hereby authorize Grill Tanks Plus or any designated officer, employee, agent or representative to confer with the above-named reference. I understand that Grill Tanks Plus may ask my references questions about my educational background, work experience, achievements, wage history, performance, attendance, and reason for separation from former employment. I expressly authorize my references to answer such questions.

I understand that any information provided by my reference will be used solely for the purpose of determining my acceptability for employment with Grill Tanks Plus.

I release all of the above-named references from any claim of liability or damages, including, but not limited to, claims for defamation, interference with contract, and negligence -which may arise or result from any truthful reference information provided by a reference pursuant to this authorization .

Candidate Signature

Date

Employee: _____

Start Date: _____

Are you currently employed? Yes No

May we contact your former employers? Yes No

Have you ever been convicted of a felony? Yes No

If yes explain number of convictions, nature of offense(s) leading to conviction(s), how recently such offense(s) was/ were committed, sentence imposed and type of rehabilitation. _____

Have you ever been in the armed forces? Yes No Branch _____

Specialty _____ Date entered _____ Discharge date _____

Are you a member of the National Guard? Yes No

If hired, can you provide proof of US citizenship/proof of your legal right to live and work in this country? Yes No

Have you ever been employed by the company? Yes No

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you able to perform the essential functions and duties of the job you are applying for? Yes No

If not please describe the functions or duties you are able to perform: _____

REFERENCES

Name		Occupation	
Company Name		Address	
Telephone	E-mail	Years acquainted	

Name		Occupation	
Company Name		Address	
Telephone	E-mail	Years acquainted	

Name		Occupation	
Company Name		Address	
Telephone	E-mail	Years acquainted	

Employee: _____

Start Date: _____

APPLICATION FORM WAIVER

Please read each paragraph closely, initial each, and sign below	
	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant has personally completed this application. I understand that any omission or misstatement of material fact on this application or any other document used to secure employment shall be grounds for rejection of this application or for my immediate discharge if I am employed, regardless of the time elapsed before discovery.
	I hereby authorize Grill Tanks Plus to thoroughly investigate my references, work records, education, driving record, credit history, criminal background and other matters related to my suitability for employment, I authorize the employers, schools and other references I have listed to disclose to Grill Tanks Plus my educational background, work experience, achievements, wage history, performance, attendance, and reason for separation from former employment. I release my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigations or disclosures.
	I understand that nothing contained in the application or conveyed during any interview which we may be granted, or during my employment, if hired, is intended to create in employment contract between me and Grill Tanks Plus other than one that is "at will". I understand and agree that if I am employed, my employment will be of an "at will" nature, whereby either the employee or the employer may terminate the employment relationship at any time, with or without cause or notice. I further understand that my employment, if hired is for no definite or determinable period of time and may be terminated at any time, at the option of either myself or Grill Tanks Plus, and that no promise or representation contrary to the forgoing is binding on the company unless made in writing and signed by me and the CEO and or the company's designated representative.

Signature of Applicant: _____ Date: _____

Grill Tanks Plus is any equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Grill Tanks Plus depends solely on your qualifications.

Thank you for completing this application form and your interest in our company

AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT SCREENING

Driver Record Screening Disclosure

I hereby authorize Grill Tanks Plus and its designated agents and representatives to conduct a comprehensive review of my driver record background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include information about my character, general reputation, personal characteristics, and mode of living as well as information that is not limited to, the following areas: names and dates of previous/current employment, work experience, Bureau of Workers Compensation/Claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offenders lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, credit history, civil cases, OIG/GSA, USA PATRIOT Act/OFAC, any sanction lists, FBI finger printing, internet searches, social media information, and drug testing. Upon Request, Embark Safety LLC will supply a copy of the completed consumer report along with a copy of an individual's rights under the Fair Credit Reporting Act.

Authorization and Release

I, _____ authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment at Grill Tanks Plus. I hereby release Grill Tanks Plus, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization for release form. I certify that all information provided below is correct to the best of my knowledge. This authorization and consent shall be valid in original, fax, or copy form. The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Applicant's First Name Middle Name Last Name (print legibly) Maiden/AKA/Previous Name(s)

Date of Birth (This will not affect hiring decision) ____ (Month) ____ (Day) ____ (Year)

Drive License Number State Expires (Month) (Day) (Year)

Notice to New York Applicants: Under Article 25 Section 380-c (b) (2) of the New York General business Law, you have the right, upon written request, to be informed of whether or not an investigate consumer report was requested. Under Article 25 Section 380-g of the New York General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

Please initial here to acknowledge receipt of Article 23-A of New York Correction Law _____

Signature

Date