

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application			
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry			
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____			
Last Name		First Name	Middle Name		
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number (Voluntary)		

Best time to contact you at home is:

____:____ ^{AM}
____ ^{PM}

If you are under 18 years of age, can you provide required proof of your eligibility to work?

☐ Yes ☐ No

Have you ever filed an application with us before?

☐ Yes ☐ No

..... If Yes, give date _____

Have you ever been employed with us before?

☐ Yes ☐ No

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here?

☐ Yes ☐ No

Are you currently employed?

☐ Yes ☐ No

May we contact your present employer?

☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon employment. ☐ Yes ☐ No

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: ☐ Full-Time (please indicate 1 2 3 shift)

☐ Part-Time (please indicate Mornings Afternoon Evenings)

☐ Temporary (please indicate dates available ____/____/____ - ____/____/____)

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed	From	To
	Address		Work Performed		
	Telephone Number(s)				
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed	From	To
	Address		Work Performed		
	Telephone Number(s)				
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed	From	To
	Address		Work Performed		
	Telephone Number(s)				
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed	From	To
	Address		Work Performed		
	Telephone Number(s)				
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks _____

INTERVIEWER

DATE

Employed ☐ Yes ☐ No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.



ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? ☐ YES ☐ NO

REFERENCES

1. _____ (_____) _____
(Name) Phone #

(Address)
2. _____ (_____) _____
(Name) Phone #

(Address)
3. _____ (_____) _____
(Name) Phone #

(Address)

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: ☐ Yes ☐ No

Position(s) Considered For: _____

Date _____

NAME: _____ POSITION: _____ DATE: ____ / ____ / ____

**Disclosure under Fair Credit Reporting Act
and
Consent to Procurement of Motor Vehicle Report
for
Employment Purposes Form**

The undersigned hereby authorizes C-TECH CORPORATION, INC.
Name of employer

or its insurance agency Tobias Insurance Group, Inc., or its assigns, to obtain copies of Motor Vehicle Reports, which may be classified as a consumer report, pertaining to me for employment purposes and for use in rating and/or underwriting insurance for which the above-named employer may apply and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Dated: _____ Signed: _____

Printed Name: _____

Date of Birth: _____

License number and State: _____



Employer should retain these records for a **MINIMUM** of **TWO** years after: 1) employment ends or 2) the last year in which a Motor Vehicle Record was ordered, as part of the record keeping requirements under the FCRA.

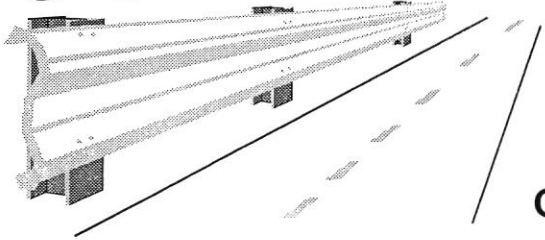


A copy of the "Summary of Consumer Rights" must be provided in the case of an adverse decision based on the report obtained.

**We will need to run a
photo copy of your
current drivers license.**

Thank you.

C-TECH



GUARDRAIL



FENCE



SIGNS

C-TECH CORPORATION, INC.

APPLICANT SELF-IDENTIFICATION FORM (voluntary)

Completion of this form is Voluntary. C-Tech Corporation is an Equal Opportunity/Affirmative Action employer. We consider all qualified applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, sexual orientation or any other legally protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

This information is used in an effort to comply with required record keeping and to ensure that our requirement efforts reach all segments of the population. This information will not be considered with your application and will remain in a separate confidential file.

Again, this information is provided on a voluntary basis. Not providing this information will not affect your application. Thank you for your assistance.

Position: _____ **Department:** _____

WE INVITE YOU TO CHECK THE APPLICABLE CATEGORIES:

Gender: ___ Male ___ Female ___ I choose not to disclose

National Origin:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

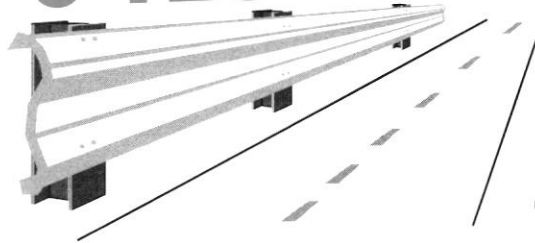
Race: If you did not select the Hispanic/Latino box please check one or more of the race categories:

- ☐ Asian
- ☐ Black or African American.
- ☐ American Indian or Alaskan Native
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Not disclosed

Any questions regarding Equal Opportunity/Affirmative Action Policy should be addressed to the EEO Officer at 317-835-2745

EQUAL OPPORTUNITY EMPLOYER

C-TECH



GUARDRAIL



FENCE



SIGNS

C-TECH CORPORATION, INC.

AUTHORIZATION FORM

During the application process and at any time during the tenure of my employment with C-Tech Corporation, Inc., I hereby authorize First Advantage (powered by LexisNexis) on behalf of C-Tech Corporation, Inc. to procure a consumer report which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied, I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Applicant/Employee Signature

Date

Social Security Number

*Date of Birth

Printed Name _____

Street Address _____

City, State, Zip _____

*Optional

EQUAL OPPORTUNITY EMPLOYER