

ADVANTECH INDUSTRIES

Your Single Source Provider for Sheet Metal Fabrication, Machining & Assembly

3850 Buffalo Road
Rochester, New York 14624

APPLICATION FOR EMPLOYMENT

Position: _____

Today's Date: _____

Applicant Name: _____

Phone Number: _____

E-mail Address: _____

Advantech Industries Inc.

APPLICATION FOR EMPLOYMENT

Advantech Industries Inc. (the Company) is an equal opportunity employer, which makes employment decisions without regard to race, color, gender, religion, national origin, age, disability, marital status, veteran status, sexual orientation or any other characteristic protected under federal, state or local law. The Company also reasonably accommodates individuals with disabilities and bona fide religious beliefs. It complies with, and fully supports the Americans with Disabilities Act.

The information requested on this form and its supplement is needed to evaluate your application for employment with this Company. **All questions on the form must be answered.** Incomplete applications will not be processed.

APPLICANT'S PERSONAL DATA – Please Print	
Name (Last, First, Middle)	Today's Date
Address (Street, PO Box)	Have you previously been employed by Advantech Industries Inc?
City	When? Position?
State Zip	Have you previously submitted an employment application? When? For what position?

APPLICANT'S EMPLOYMENT DATA	
Position applying for:	Date available for work:
Type of position desired (check one) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Co-op/Intern If hired, will you be able to work the scheduled days and hours required, which may include daily and weekly overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Minimum salary requirement: \$

APPLICANT'S RECRUITMENT SOURCE	
<input type="checkbox"/> 1. Newspaper/Publication	<input type="checkbox"/> 8. Acquisition
<input type="checkbox"/> 2. Walk-in	<input type="checkbox"/> 9. Job Fair/Name:
<input type="checkbox"/> 3. College/Name:	<input type="checkbox"/> 10. Internet/Website Name:
<input type="checkbox"/> 4. Employee Referral/Name of Employee:	<input type="checkbox"/> 11. Private Agency/Search Firm Name:
<input type="checkbox"/> 5. Internal Job Posting	<input type="checkbox"/> 12. Former Employee
<input type="checkbox"/> 6. State Employment Agency	<input type="checkbox"/> 13. Former Intern/Co-op
<input type="checkbox"/> 7. Military	<input type="checkbox"/> 14. Other Specify:

FOR OFFICE USE ONLY		
Job Group (Circle One)	1. Executive Senior Level	6 Administrative Support
	2. First/Mid-Level Official	7. Craft Worker
	3. Professional	8. Operatives
	4. Technicians	9. Laborers & Helpers
	5. Sales Workers	10. Service Workers

EDUCATION

	Name of School (No Abbreviations)	Location City/State	Number of Years Attended	Highest Grade Completed	Diploma/Degree Acquired
High School					
College					
Vocational/Technical					
Other					

If you did not graduate, why did you leave school or college?

Did you ever attend school under a different name? Yes No

If yes, which schools and under which name?

REFERENCES

Please provide the names and contact information for three personal and professional references:

Name: _____

Relationship: _____

Contact Information: _____

Telephone: _____

Name: _____

Relationship: _____

Contact Information: _____

Telephone: _____

Name: _____

Relationship: _____

Contact Information: _____

Telephone: _____

APPLICANT AUTHORIZATION AND CONSENT
FOR RELEASE OF INFORMATION

“I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has the authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

This release and authorization acknowledges that the Company may now, or at any time while I am employed, conduct a verification of my education, previous employment/work history, credit history for certain positions, or motor vehicle records. The Company may also contact personal references, require that I be tested for the presence of drugs or alcohol, and receive any criminal history record information and/or other information as deemed necessary to fulfill the job requirements.

Medical and workers’ compensation information will only be requested in compliance with the Federal Americans with Disabilities Act and/or other applicable laws. The results of this verification process will be used to determine employment eligibility under this Company’s employment policies. I authorize the Company and any of its agents/designated Company personnel, to disclose orally and in writing the results of the verification process. The information obtained will not be provided to any other parties other than to the designated authorized representatives of this Company. All results will be kept CONFIDENTIAL.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

I have read and understand this consent for release of information, and authorize the background verification, and I do hereby authorize the Company to contact orally or in writing, any third parties to obtain information which the Company deems necessary and appropriate in conjunction with my application and qualifications for employment, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of information.

I hereby authorize the Company to receive the results of any and all drug tests I have taken in any previous employment. This release specifically authorized the release of any confirmed, positive test results and a full and complete description of any disciplinary action, which followed.

I so hereby agree to forever release and discharge the Company, and its affiliates and employees to the full extent permitted by law from any claims, complaint filed with any agency arising from the retrieving and reporting of information.”

Signature

Date

The following information is **required by law enforcement agencies** and other entities for positive identification purposes when checking records. It is confidential and *will not* be used for employment consideration and/or any other purpose.

Name (Print)

Driver’s License Number State

Maiden Name and/or Former Name

Name that your Driver’s License # is under

_____/_____/_____
Social Security Number

Home Telephone Number