



APPLICATION FOR EMPLOYMENT

Envirotek LLC is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical, or sensory disability, sexual orientation, or any other basis prohibited by federal, state, or local law.

Please complete entire application to ensure processing.

PERSONAL INFORMATION (Please print)			
Name: Last _____		First _____ Middle _____	
Other names or aliases you have gone by _____			Date (M/D/Y) _____
Present Address: Street _____	City _____	State _____	Zip Code _____
Permanent Address Street _____	City _____	State _____	Zip Code _____
Phone Number: Daytime _____	Evening _____	Referred By _____	
Email _____			
Are you less than 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>			
(Envirotek LLC is required to comply with federal, state, or local law.)			
Are you legally eligible for employment in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>			
(Proof of U.S. Citizenship or immigration status will be required, if hired)			

EMPLOYMENT DESIRED						
Position _____	Location / Department _____		Salary Desired _____	Date You Can Start _____		
Specify hours available for each day of the week:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Are you able to work overtime?		YES	NO			
I am able to perform the essential functions of the job I am applying for with or without reasonable accommodation –					YES	NO
Have you ever worked for us before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? _____ Which location? _____						

EDUCATION		Circle Last Year Complete	Did You Graduate?	Subjects Studied and Degrees Received
High School	Name and Address of School _____	1 2 3 4	Y <input type="checkbox"/> N <input type="checkbox"/>	_____
College	_____	1 2 3 4	Y <input type="checkbox"/> N <input type="checkbox"/>	_____
Other	_____	1 2 3 4	Y <input type="checkbox"/> N <input type="checkbox"/>	_____
List skills relevant to the position applied for _____				
SKILLS For Office / Administrative positions only Typing WPM: _____				10-Key: Yes <input type="checkbox"/> No <input type="checkbox"/>
Computer Proficiency: Word for Windows <input type="checkbox"/> Excel <input type="checkbox"/> Others: <input type="checkbox"/> _____				

FORMER EMPLOYERS List below current and last three employers, starting with most recent one first. Please include any non-paid / volunteer experience which is related to the job for which you are applying. Please complete even if you attach a resume.				
Date (M/D/Y) From To	Current Employer (Name & Address of Employer – Type of Business)	Salary or Hourly Starting: _____ Ending: _____ If hourly, average # of hrs per week _____	Position	Reason For Leaving
Duties Performed				
Supervisor's Name May We Contact? Y <input type="checkbox"/> N <input type="checkbox"/>		Phone Number		
Date (M/D/Y) From To	Previous Employer (Name & Address of Employer – Type of Business)	Salary or Hourly Starting: _____ Ending: _____ If hourly, average # of hrs per week _____	Position	Reason For Leaving
Duties Performed				
Supervisor's Name May We Contact? Y <input type="checkbox"/> N <input type="checkbox"/>		Phone Number		
Date (M/D/Y) From To	Previous Employer (Name & Address of Employer – Type of Business)	Salary or Hourly Starting: _____ Ending: _____ If hourly, average # of hrs per week _____	Position	Reason For Leaving
Duties Performed				
Supervisor's Name May We Contact? Y <input type="checkbox"/> N <input type="checkbox"/>		Phone Number		
Date (M/D/Y) From To	Previous Employer (Name & Address of Employer – Type of Business)	Salary or Hourly Starting: _____ Ending: _____ If hourly, average # of hrs per week _____	Position	Reason For Leaving
Duties Performed				
Supervisor's Name May We Contact? Y <input type="checkbox"/> N <input type="checkbox"/>		Phone Number		

REFERENCES

Give below the names of three professional references, whom you have known at least one year.

Name	Address & Phone Number	Business	Years Acquainted / How Do You Know This Person?
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

By signing this application I am stating that all above information is true and correct. I understand that if employed, any false statement on this application may result in my dismissal.

Signature _____

Date _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER COMMITTED TO HIRING A DIVERSE WORKFORCE

Required Skills:

- Must have a current driver's license and be able to drive all forms of motor vehicles
- Adaptable, coachable, great communication and listening skills
- Ideal Team Player
- Sets and achieves goals that matter
- Knows how to prioritize and get done things that matter most

Work Environment:

- Exposed to a combination of office, warehouse, shop, and outside environments.
- Must have good mobility and dexterity and be able to stand or sit for long periods of time in a shop environment.
- Regularly exposed to dust, odors, oil, fumes and noise.
- Must be able to climb stairs, ladders, and hills regularly.
- Regularly required to sit, stand, walk, bend, and lift objects of up to 50 lbs. It should be noted some work requirements may require lifting objects that weigh more than 50 pounds.
- May be required to move from location to location depending upon the need of the company at any given time.

AUTHORIZATION

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decided to employ me. You are hereby authorized to make any investigation of my personal history. That may include criminal, civil, financial, and/or credit records through the company investigator or any investigative or credit agencies or bureaus of the company's choice.

I hereby fully waive any rights or claims I have or may have against all current and/or former employers, and their agents, employees and representatives, and damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against this company because of any information which it contains in this investigation. A copy of this document is the same as the original.

In making this application for employment, I authorize you to undertake an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics, and mode of living. I understand I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of any such investigative report that is made.

PRINT NAME

SIGNATURE OF APPLICANT

DATE