



Employment Application

Please **TYPE** or **PRINT** clearly. To be considered for employment, this Application Form must be completed and signed personally by the applicant. Each question must be answered in full even if a resume is provided. If an answer is NO or NOT APPLICABLE, please indicate such.

Applicant Information

Full Name:				Date:	
<i>Last</i>		<i>First</i>		<i>M.I.</i>	
Address:				Apartment/Unit #	
<i>Street Address</i>					
<i>City</i>				<i>State</i>	<i>ZIP Code</i>
Phone: ()	E-mail Address:				
Date Available:	Social Security No.:		Desired Salary:	\$	
Position Applied for:					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
If yes, explain:					

Education

High School:		Address:			
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
College:		Address:			
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Other:		Address:			
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:

References

Please list three professional references.

Full Name:		Relationship:	
Company:		Phone: ()	
Address:			
Full Name:		Relationship:	
Company:		Phone: ()	
Address:			
Full Name:		Relationship:	
Company:		Phone: ()	
Address:			

Previous Employment

Company:					Phone: ()	
Address:					Supervisor:	
Job Title:		Starting Salary: \$		Ending Salary: \$		
Responsibilities:						
From:		To:		Reason for Leaving:		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company:					Phone: ()	
Address:					Supervisor:	
Job Title:		Starting Salary: \$		Ending Salary: \$		
Responsibilities:						
From:		To:		Reason for Leaving:		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company:					Phone: ()	
Address:					Supervisor:	
Job Title:		Starting Salary: \$		Ending Salary: \$		
Responsibilities:						
From:		To:		Reason for Leaving:		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Military Service

Branch:				From:		To:	
Rank at Discharge:			Type of Discharge:				
If other than honorable, explain:							

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Nondisclosure and Noncompetition.

(a) *After expiration or termination of this agreement, applying employee (if hired) agrees to respect the confidentiality of Adirondack Septic Tank, Inc. patents, trademarks, and trade secrets, and not to disclose them to anyone.*

(b) *If hired, employee agrees not to make use of research done in the course of work done for Adirondack Septic Tank, Inc. while employed by any competitor in a similar field or industry.*

(c) *If hired, employee agrees not to set up in business as a direct competitor of Adirondack Septic Tank, Inc. within a radius of 100 miles of Adirondack Septic Tank, Inc., 4720 State Highway 30, Amsterdam, NY 12010 for a period of 10 years following the expiration or termination of this agreement.*

(d) *If hired, employee agrees to pay liquidated damages of to be determined if any violation of this paragraph is proved or admitted.*

IN WITNESS WHEREOF, Adirondack Septic Tank, Inc. and applying employee have signed this agreement.

Company Representative: Applying Employee:	<hr/> <hr/>	Date:	<hr/>
---	----------------	--------------	-------