Application for Employment

Polykote Corporation 135 Kuebler Road Easton, PA 18040

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name		
Address	First	Middle
Street		Phone ()
City Position applied for	State ZIP Code Shift pre	
Special training or skills (languages, mad	chine operation, etc.) that would benefit you in the job	for which you are applying:
Would you accept full-time work?	es □ No Would you accept part-time work? □	Yes No
On what date would you be available for	work?	
Have you ever been employed here?	Yes No If yes, dates:	
Are you legally eligible for employment	in the United States? (If yes , proof is required if hired.)	☐ Yes ☐ No
If you are under 18 years old, can you pro	ovide a work permit if required? 🔲 Yes 🔲 No	
This question is not designed to elicit infor particular accommodation, or whether accomm	mation about an applicant's disability. Please do not provido odation is necessary. These issues may be addressed at a later s	e information about the existence of a disability,
	nctions of the job for which you are applying (with or w	
☐ Yes ☐ No ☐ Need more information	on about the job's essential functions to respond.	
Mandatory Employer Disclosures	5. 不会可能的基础包含不是有效基础的基础	
EMPLOYMENT, OR CONTINUED EMPLOYMENT, LAW IS GUILTY OF A MISDEMEANOR AND SUB- or administer a lie detector test as a condition	YLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR DECT TO A FINE NOT EXCEEDING \$100. Notice to Massachusetts of employment or continued employment. An employer who violates: This Company is subject to the state's workers' compensation lates.	SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS applicants: It is unlawful in Massachusetts to require tes this law shall be subject to criminal penalties and
	(List applicable exemptions)	
Education Background		
High School:	Location	
Course of study	Did you graduate? ☐ Yes ☐ No	Degree or diploma
College:	Location	
Course of study	Did you graduate? ☐ Yes ☐ No	Degree or diploma
Graduate School:	Location	
Course of study	Did you graduate? ☐ Yes ☐ No	Degree or diploma
Vocational Training/Other:	Location	
Course of study	Did you graduate?	Degree or diploma
Continuing Education:		

Employer				_ Contact Name				
Address					Pho	ne <u>.(</u>)	
Job Title								
Dates employed: from (mm/yy)	1	to (mm/yy)		_ Hourly rate/salary	starting _	1	_ final	
Reason for leaving								
Employer				Contact Name				
Address					Pho	ne ()	
Job Title								
Dates employed: from (mm/yy)		to (mm/yy) _		_ Hourly rate/salary	: starting _		_ final	1
Reason for leaving								
☐ Employer				Contact Name				
Address								
Job Title								
Dates employed: from (mm/yy)	1	to (mm/yy)		_ Hourly rate/salary	: starting _	1	_ final	1
				_ Hourly rate/salary			_ final _	
	d by me ons are d onform t	on this applicati liscovered, my ap o the Company's either expressed	on is true plication rules and	e and complete, and may be rejected, an regulations, and I ur ied, and I agree tha	I understand if I am enderstand that my employ	d that if aployed, in these ru	any false my employ ales and/ord comper	or mislea yment ma r the emp
Reason for leaving Applicant Statement ertify that all the information submitted formation, omissions or misrepresentation minated at any time. If hired, I agree to condbook do not form a contract of empiminated, with or without cause and with also understand and agree that the terms a cany time by the Company. I understand the president, has any authority to enter into the forgoing. I expressly authorize, with formation from all references (personal did to otherwise verify the accuracy of all rights and claims I may have regarding did nondefamatory information, in a law raishing such information about me.	d by me ons are donform to or without rest and product	on this application is covered, my application of the Company's either expressed out notice, at any to ditions of my emplompany representation, the endofessional), employers its agent and the employer, its agent ner, in the employer is the employer in the employer in the employer is a specific and the employer is agent in the employer is a specific and the employer is a	on is true plication rules and d or impl ime, at eit loyment f tative, otl loyment f nployer, oyers, pu y me in t s, employ oyment p	e and complete, and may be rejected, an regulations, and I uried, and I agree that ther my or the Comp may be changed, with ner than its president for any specific perior its representatives, ablic agencies, licens his application, résulvees or representative process and all othe	I understand dif I am enderstand that my employany's option. In or without, and then ord of time, or employees of sing authorismé or job intes for seeking r persons, compensations.	ad that if apployed, in these ruyment and cause and ally when to make or agents ties and anterview.	any false my employ ales and/or d comper d with or witing any agree to conta- education I hereby ring and ons or org	or mislea yment ma r the emp ssation ca without no and signe ment con ct and ol al institu waive any using tru anization
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Signature of Applicant

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ATTORNEY

Date