



Controlled Automation Employment Application

Our policy at Controlled Automation is to provide equal employment opportunity to all qualified persons without regard to race, color, religious affiliation, gender, age, national origin, physical and/or mental disability, or veteran status.

Personal Information		DATE
LAST NAME _____	FIRST NAME _____	/ /
MIDDLE _____		
Other names under which you have attended school or been employed _____		
ADDRESS _____	CITY _____	STATE _____ ZIP _____
HOME PHONE (____) _____ - _____	SOCIAL SECURITY # _____	
Are you 18 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, what is your current age? _____		
Are you a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		
(If not, are you able to provide legal authorization to work in the U.S.?) <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you looking for full-time employment? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If no, approximately how many hours are you available to work? M ___ T ___ W ___ T ___ F ___ S ___ S ___		
Do you have dependable means of transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you had any accidents during the past three years? If so, how many? _____		
Have you had any moving violations during the past three years? If so, how many? _____		
DRIVER'S LICENSE # _____ State of issue _____ Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur <input type="checkbox"/>		
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, please describe conditions: _____		

Are you able to perform essential functions of the position with or without accommodations? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you seeking a permanent position with Controlled Automation? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you willing to work overtime if needed? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you willing to travel if asked to do so? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you able to work weekends if needed? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If selected for employment, are you willing to submit to a pre-employment drug screening test? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Employment

Are you currently employed? YES NO

If yes, what is your current job title and department? _____

Have you ever been employed by Controlled Automation? YES NO

If yes, please list employment dates and reasons for leaving: _____

Are you related to any current Controlled Automation employees? YES NO

If yes, please list their names and relationships: _____

POSITION APPLYING FOR:

How did you learn about this employment opportunity?

Job Bulletin

Website

Newspaper Ad

Employee

Walk-in

Dept. of Labor

Magazine Ad

(Other)

Previous Employment

Employer _____ Dates Employed: _____ to _____

Work Phone: (____) _____ Pay Rate: \$ _____

Address: _____ City: _____ State: _____

Zip: _____

Position: _____ Duties: _____

Supervisor Name and Title: _____

Reason for Leaving: _____

May we contact them? YES NO

Previous Employment

Employer _____ Dates Employed: _____ to _____

Work Phone: (____) _____ Pay Rate: \$ _____

Address: _____ City: _____ State: _____

Zip: _____

Position: _____ Duties: _____

Supervisor Name and Title: _____

Reason for Leaving: _____

May we contact them? YES NO

Previous Employment

Employer _____ Dates Employed: _____ to _____
 Work Phone: (____) _____ Pay Rate: \$ _____
 Address: _____ City: _____ State: _____
 Zip: _____
 Position: _____ Duties: _____

 Supervisor Name and Title: _____
 Reason for Leaving: _____
 May we contact them? YES NO

Education

City/State	Did you graduate?	Years left to graduate & date	Degree/Major
High School: _____			
GED: _____			
Other School: _____			
College: _____			
College: _____			
College: _____			

Other credentials:

EMERGENCY CONTACT

(Person to notify in the case of an emergency)

Name _____ Relation: _____
 Address: _____ City: _____ State: _____
 Zip: _____ Phone Number: (____) _____ -- _____

Name _____ Relation: _____
 Address: _____ City: _____ State: _____
 Zip: _____ Phone Number: (____) _____ -- _____

APPLICATION FORM WAIVER

Please read carefully before signing

In exchange for the consideration of my job application by Controlled Automation (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Controlled Automation, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and the relationship cannot be altered except by a written instrument signed by the General Manager of the Company. Both the undersigned and Controlled Automation may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

- I certify that all answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of applicant _____ Date: _____