



AN EQUAL OPPORTUNITY EMPLOYER

Application for Employment

**PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION – DO NOT PUT “SEE RESUME” OR “SEE ATTACHED”
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

Please read before filling out this application

AP Emissions Technologies, LLC does not discriminate in hiring or employment on the basis of race, color, sex, religion, genetic information, disability, national origin, citizenship, military status, or on the basis of age with respect to persons 18 years or older. No question on the application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. AP Emissions **intends to check and hold you responsible for the accuracy of the statements you make on this application.** This application will receive consideration for **sixty (60) days**. If you have not heard from us within thirty days and wish to receive further consideration for employment, it will be necessary for you to request in writing that the company reactivate your application for another thirty days.

Personal Data

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Telephone Number _____ Are you 18 years or older? Yes No

Have you ever pled guilty or been convicted of a crime other than a minor traffic violation? Do not include sealed and expunged convictions. Yes No

If yes, explain _____
(A “yes” answer to this question does not necessarily preclude consideration for employment)

Educational Data

Circle Highest Grade Completed:																				
1 2 3 4 5 6 7 8 9 10 11 12 Grade, Junior High or High School												1 2 3 4 5 College or University					1 2 3 4 Graduate School			
Type of School	Name of School					Location			Major Subject or Course of Study					Degree Obtained						
High School																				
College																				
Business or Trade School																				
Correspondence School																				
Graduate School																				

Employment

Job applied for _____

Salary desired _____

Have you ever applied here before? _____

If yes when? _____

Have you ever worked for this Company before? _____

If yes, when? _____

If yes, give the name(s) if different from the one given on this application:

When could you report for work?

Work History

Are you currently covered by a non-compete agreement with any former employer? Yes No

If yes, identify employer _____

From (mo./yr.)	Company	Telephone AREA ()	Starting Salary \$ per
To (mo./yr.)	Address City	State Zip	Final Salary \$ per
Supervisor's Name/Title	Type of Business	If this is your current employer, may we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your Position/Title	Responsibilities/Duties		
Specific Reason for Leaving			

From (mo./yr.)	Company	Telephone AREA ()	Starting Salary \$ per
To (mo./yr.)	Address City	State Zip	Final Salary \$ per
Supervisor's Name/Title	Type of Business	If this is your current employer, may we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your Position/Title	Responsibilities/Duties		
Specific Reason for Leaving			

From (mo./yr.)	Company	Telephone AREA ()	Starting Salary \$ per
To (mo./yr.)	Address	City	State
			Zip
Supervisor's Name/Title	Type of Business		If this is your current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Position/Title	Responsibilities/Duties		
Specific Reason for Leaving			

Relatives In Our Employment

Name	Relationship	Name	Relationship

Military

Branch of Service:

Duties in the service, including schools and training:

Special Skills

What knowledge, special technical or computer skills, and/or other qualifications have you acquired from employment or other experience? Include any specific equipment that you can proficiently operate and/or any software applications you are proficient in.

List any first aid or emergency response training for which you are currently certified (give date of certification).

Professional References

Give three references who are not relatives.

Name	Occupation	Years Known	Phone	Address

Affidavit

I authorize, without liability, investigation of all statements in this application.

I authorize all schools which I attended and all previous employers to furnish to AP Emissions Technologies, LLC my record, reason for leaving and all information they may have concerning me, and hereby release them and AP Emissions Technologies, LLC from all liability for any damage whatsoever arising therefrom.

I authorize my neighbors, friends or others with whom I am acquainted or who are acquainted with me to furnish AP Emissions Technologies, LLC with information used in connection with the evaluation of my qualifications as a prospective employee. I release such persons and organizations from any legal liability in making such statements.

I understand that in the event of my employment by AP Emissions Technologies, LLC it shall be sufficient cause for dismissal if any of the information I have given in this application is false or if I have failed to give any information herein requested. I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. In the event of my employment by AP Emissions Technologies, LLC, I agree to abide by all present and subsequently issued rules of the Company.

If hired, in consideration of my employment, I agree to comply with the policies, standards, and business ethics of AP Emissions Technologies, LLC. I understand that my employment is at will and may be terminated by me or the company at any time without additional consideration or notice. I understand that no representative of AP Emissions Technologies, LLC (except the Chief Executive Officer) has the authority to commit to any definite term of employment or alter the at-will employment agreement, and any such agreement must be in writing.

I understand that the company's policy is to maintain a safe, healthy and productive work environment and to produce quality goods and services. I understand that the Company may require a drug test, alcohol test and/or physical examination as a condition of my employment, and that decisions concerning my employment will be made as a result of these tests/examinations. I agree to execute any necessary consent forms in connection with these tests and/or examinations and understand that refusal to sign such forms or submit to the required tests/examinations will result in my disqualification for further employment consideration. I also understand that I will not be asked to submit to either a physical examination or an alcohol test until a job offer has been made and that any job offer will be contingent on satisfactory completion of the examination or test.

Signature _____ Date _____