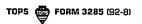
Fill in interactive PDF form then return by email: sales@entratech.com

Or print form, write in, then mail to: Entratech Systems LLC 202 East Fox Rd., Sandusky, OH 44870

APPLICATION FOR EMPLOYMENT (PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

						
PERSONAL INFOR	MATION			DATE		
	SOCIAL SECURITY					
NAME LAST	FIRST	MiD	DLE	NUMBER		LAST
PRESENT ADDRESS						
	CITY			STATE ZI	P	
PERMANENT ADDRESS	STREET		CITY		STATE ZI	P
PHONE NO.	AI	ARE YOU 18 YEARS OR OLDER? Y		DER? Yes 🗆 I	Yes 🗆 No 🗅	
	M LAWFULLY BECOMING EMPLOYED E OF VISA OR IMMIGRATION STATUS) ? Yes	ā O	No 🗆		
EMPLOYMENT DE	SIRED					
POSITION	DATE YOU CAN START			SALARY DESIRED		
ARE YOU EMPLOYED NO	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?				FIRST	
EVER APPLIED TO THIS (WHERE?		\A/L	WHEN?		
EVEN APPLIED TO THIS C	VVUEHE?			VVHEN?		
REFERRED BY			-			
EDUCATION	NAME AND LOCATION OF SC	CHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIE	D
GRAMMAR SCHOOL						
HIGH SCHOOL						<u> </u>
COLLEGE						MIDDLE
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL						
GENERAL SUBJECTS OF SPECIAL S	STUDY OR RESEARCH WORK					
SPECIAL SKILLS						
ACTIVITIES: (CIVIC, ATHLE	ETIC, ETC.)					
	NAME OF WHICH INDICATES THE RACE, CRE	EED, SEX, AGI	E, MARITAL STATUS	, COLOR OR NATION	OF ORIGIN OF ITS MEMBER	IS.
U.S. MILITARY OR NAVAL SERVICE	MAR	PRESENT MEMBERSHIP IN RANK NATIONAL GUARD OR RESERVES				

^{*}This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidence promulgated by the EEOC on July 26, 1991.



Fill in interactive PDF form then return by email: sales@entratech.com

APPROVED:

EMPLOYMENT MANAGER

Or print form, write in, then mail to:

Entratech Systems LLC

202 East Fox Rd., Sandusky, OH 44870

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST). DATE MONTH AND YEAR REASON FOR LEAVING NAME AND ADDRESS OF EMPLOYER SALARY POSITION FROM TO FROM **FROM** TO **FROM** TO WHICH OF THESE JOBS DID YOU LIKE BEST? WHAT DID YOU LIKE MOST ABOUT THIS JOB? REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR. YEARS ACQUAINTED BUSINESS NAME ADDRESS 1 2 3 THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. (Fill in name of state)
IT IS UNLAWFUL IN THE STATE OF ________TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY. Signature of Applicant IN CASE OF EMERGENCY NOTIFY NAME **ADDRESS** PHONE NO. "I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT. HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. SIGNATURE DATE DO NOT WRITE BELOW THIS LINE DATE **INTERVIEWED BY** REMARKS: **ABILITY NEATNESS POSITION** DEPT. HIRED: | Yes | No DATE REPORTING TO WORK SALARY/WAGE

DEPT. HEAD

3.

GENERAL MANAGER