

Application for Employment

It is the policy of European Techniques to comply with all applicable, federal, state and local laws regarding equal opportunity employment and to provide equal opportunity to all applicants without regard to race, religion, color, sex, age, national origin, disability or any other legally protected class.

Name _____
Last
First
Middle Initial

Address _____
Number and Street
City
County
State
Zip

Home Phone# _____ Alternate Phone # _____

Position(s) applying for _____

Type of position you are applying for: Full time Part Time Temporary

Are you willing to work overtime? Yes No

Are you 18 years of age or older? Yes No

You must provide proof of citizenship or legal authority to work in the United States. If you do not provide proof, your employment will be terminated.

Can you provide proof? Yes No

Have you worked for European Techniques as an employee or sub-contractor?

Yes No If yes, when? _____

Are you able to perform the essential functions of the position for which you have applied?

Yes No If no, explain _____

Educational History

Name and Address of School	Degree	Major Coursework	Did you graduate?
High School			
College			
Other			

Record of Previous Work Experience

List your PRESENT or LAST position FIRST.

Employer Name _____ Phone Number (____)____ - _____

Address _____

Employed From ____/____/____ To ____/____/____ Rate of Pay: ____/hr or ____/yr
Month Year Month Year

Job Title _____ Duties _____

Immediate Supervisor's Name _____

Reason Left: Quit Fired Layoff Company Closed

Comments _____

Employer Name _____ Phone Number (____)____ - _____

Address _____

Employed From ____/____/____ To ____/____/____ Rate of Pay: ____/hr or ____/yr
Month Year Month Year

Job Title _____ Duties _____

Immediate Supervisor's Name _____

Reason Left: Quit Fired Layoff Company Closed

Comments _____

Employer Name _____ Phone Number (____)____ - _____

Address _____

Employed From ____/____/____ To ____/____/____ Rate of Pay: ____/hr or ____/yr
Month Year Month Year

Job Title _____ Duties _____

Immediate Supervisor's Name _____

Reason Left: Quit Fired Layoff Company Closed

Comments _____

Employer Name _____ Phone Number (____)____ - _____

Address _____

Employed From ____/____/____ To ____/____/____ Rate of Pay: ____/hr or ____/yr
Month Year Month Year

Job Title _____ Duties _____

Immediate Supervisor's Name _____

Reason Left: Quit Fired Layoff Company Closed

Comments _____

Other Previous Employers

Name	City, State	From	To	Job Title

Other name(s) under which employment may be verified _____

Fully explain all gaps of employment of one year or longer _____

Have you ever been disciplined, warned or fired for violence or threats at work?

Yes No

Do you have any past criminal record for any of the following within the last four years?

Felony? Yes No

Serious and/or aggravated misdemeanor involving violent or drug related crimes or any habitual offenses of any nature?

Yes No

If yes to either, please explain _____

I authorize the companies and/or persons named by me to give any information they have regarding me, whether or not it is in their records, to European Techniques. I release said companies/and or persons from any liability whatsoever for furnishing this information. I further agree to release Corkery, LLC dba European Techniques from any liability whatsoever that may arise from relying on information by these companies and/or persons.

I understand and agree that should any information supplied by me on this application or other Company records be found at any time to be untruthful, or if I am found to have omitted any matter from this or other Company records, I may, without recourse, be immediately discharged.

I understand that my employment may be terminated at any time by myself or the Company with or without cause or notice, for any or no reason. It is understood and agreed that Company documents or policies and/or practices do not constitute an employment contract or agreement. The only exception to at-will employment is a written employment contract signed by the Company Owner.

Applicant's Signature

Date



Applicant's Name _____

Today's Date _____ / _____ / _____
Month Day Year

Thank you for considering European Techniques as your employer. We are Arizona's largest manufacturer of institutional casework. We pride ourselves on being a great place to work.

Our selection process has several steps and begins with the application form. It is extremely important that you fill this form out in its entirety. Any area left blank may result in your application being rejected.

Other steps in our selection process may include criminal background check, reference check and an interview.

If you have any questions during any part of this process, please do not hesitate to ask.

Again, thank you for choosing European Techniques!

European Techniques is an Equal Opportunity Employer