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| --- | --- | --- |
| form logo**Application For Employment** | Ambrit Engineering is an Equal Opportunity Employer and is committed to excellence through diversity. | Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume. |
|  |
| **Personal Information** |
| Name |  |  |  | Date |
|       |
| Address |  | City | State | Zip |
|       |       |       |       |
| Phone Number | Mobile Number | Email Address |  |  |
|       |       |       |
| Are You Lawfully Authorized To Work In The United States?  |  |  | Are you able to perform the "essential functions" of the job for which you are applying for? |
| Yes [ ]  | No [ ]  |  |  | Yes [ ]  | No [ ]  |
| If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test? | Have you entered into an agreement with an former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company?  |
| Yes [ ]  | No [ ]  | Yes [ ]  | No [ ]  |
|  |
| **Position** |
| Position You Are Applying For | Available Start Date |  | Desired Pay |
|       |       |       |
| Employment Desired | [ ]  Full Time | [ ]  Part Time | [ ]  Seasonal/Temporary |  |
|  |  |  |  |  |  |  |  |
| Shift Desired  |  | [ ]  1st Shift  |  | [ ]  2nd Shift |  | [ ]  3rd Shift  |  |
| Will you work overtime if required? |

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |

 |  | Please explain any gaps in employment  |       |  |
|  |
| **Education** |
| School Name | Location | Years Attended | Degree Received | Major |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **[** |
| **References** |
| Name | Title | Company | Phone |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| **Employment History** |
| **Employer (1)** |  | Job Title |  | Dates Employed |
|       |       |       |
| Summarize the type of work performed and job responsibilities |  | Reason for leaving | Starting Pay Rate | Ending Pay Rate |
|       |       |       |       |
| Telephone | Street Address | City | State | Zip |
|       |       |       |       |       |
| **Employer (2)** |  | Job Title |  | Dates Employed |
|       |       |       |
| Summarize the type of work performed and job responsibilities |  | Reason for leaving | Starting Pay Rate | Ending Pay Rate |
|       |       |       |       |
| Telephone | Street Address | City | State | Zip |
|       |       |       |       |       |
| **Employer (3)** |  | Job Title | Dates Employed |
|       |       |       |
| Summarize the type of work performed and job responsibilities |  | Reason for leaving | Starting Pay Rate | Ending Pay Rate |
|       |       |       |       |
| Telephone       | Street Address      | City       | State      | ZIp      |
| **Employer (4)** |  | Job Title |  | Dates Employed |
|       |       |       |
| Summarize the type of work performed and job responsibilities |  | Reason for leaving | Starting Pay Rate | Ending Pay Rate |
|       |       |       |       |
| Telephone |  | Street Address | City | State | Zip |
|       |       |       |       |       |
| **Employer (5)** |  | Job Title |  | Dates Employed |
|       |       |       |
| Summarize the type of work performed and job responsibilities |  | Reason for leaving | Starting Pay Rate | Ending Pay Rate |
|       |       |       |       |
| Telephone |  | Street Address | City | State | Zip |
|       |       |       |       |       |
|  |
| **Signature Disclaimer** |
| I certify that my answers are true and complete to the best of my knowledge.If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand that I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard. |
| Name (Please Print) |  | Signature |
|       |  |
| Date |  |
|       |