



7620 Omnitech Place
Victor, New York 14564-9782

APPLICATION
FOR
EMPLOYMENT

Position: _____

Today's Date: _____

Applicant Name: _____

Phone Number: _____

E-mail Address: _____

Kirtas Technologies, Inc is an Equal Opportunity Employer
www.kirtas.com

KIRTAS TECHNOLOGIES, INC APPLICATION FOR EMPLOYMENT

Kirtas Technologies, Inc (the Company) is an equal opportunity employer, which makes employment decisions without regard to race, color, gender, religion, national origin, age, disability, marital status, veteran status, or any other characteristic protected under federal, state or local law. The Company also reasonably accommodates individuals with disabilities and bona fide religious beliefs. It complies with, and fully supports the Americans with Disabilities Act.

The information requested on this form and its supplement is needed to evaluate your application for employment with this Company. **All questions on the form must be answered.** Incomplete applications will not be processed.

APPLICANT'S PERSONAL DATA – Please Print	
Name (Last, First, Middle)	Today's Date
Address (Street, PO Box)	Have you previously been employed by Kirtas Technologies, Inc.?
City	When? Position?
State Zip	Have you previously submitted an employment application? When? For what position?

APPLICANT'S EMPLOYMENT DATA	
Position applying for:	Date available for work:
Type of position desired (check one) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Co-op/Intern If hired, will you be able to work the scheduled days and hours required, which may include daily and weekly overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Minimum salary requirement: \$

APPLICANT'S RECRUITMENT SOURCE	
<input type="checkbox"/> 1. Newspaper/Publication	<input type="checkbox"/> 8. Acquisition
<input type="checkbox"/> 2. Walk-in	<input type="checkbox"/> 9. Job Fair/Name:
<input type="checkbox"/> 3. College/Name:	<input type="checkbox"/> 10. Internet/Website Name:
<input type="checkbox"/> 4. Employee Referral/Name of Employee:	<input type="checkbox"/> 11. Private Agency/Search Firm Name:
<input type="checkbox"/> 5. Internal Job Posting	<input type="checkbox"/> 12. Former Employee
<input type="checkbox"/> 6. State Employment Agency	<input type="checkbox"/> 13. Former Intern/Co-op
<input type="checkbox"/> 7. Military	<input type="checkbox"/> 14. Other Specify:

FOR OFFICE USE ONLY	
Job Group (Circle One)	
1. Executives/Senior Level Officials	2. First/Mid Level Officials
3. Professionals	4. Technicians
5. Sales Workers	6. Administrative Support Workers
7. Craft Workers	8. Operatives
9. Laborers and Helpers	10. Service Workers

EDUCATION

	Name of School (No Abbreviations)	Location City/State	Dates of Attendance	Highest Grade Completed	Diploma/Degree Acquired
High School					
College					
Vocational/Technical					
Other					

If you did not graduate, why did you leave school or college?

Did you ever attend school under a different name? Yes No

If yes, which schools and under which name?

REFERENCES

Please provide the names and contact information for three personal and professional references:

Name: _____

Relationship: _____

Contact Information: _____

Telephone: _____

Name: _____

Relationship: _____

Contact Information: _____

Telephone: _____

Name: _____

Relationship: _____

Contact Information: _____

Telephone: _____

APPLICANT AUTHORIZATION AND CONSENT
FOR RELEASE OF INFORMATION

“I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has the authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

This release and authorization acknowledges that the Company may now, or at any time while I am employed, conduct a verification of my education, previous employment/work history, credit history for certain positions, or motor vehicle records. The Company may also contact personal references, require that I be tested for the presence of drugs or alcohol, and receive any criminal history record information and/or other information as deemed necessary to fulfill the job requirements.

Medical and workers’ compensation information will only be requested in compliance with the Federal Americans with Disabilities Act and/or other applicable laws. The results of this verification process will be used to determine employment eligibility under this Company’s employment policies. I authorize the Company and any of its agents/designated Company personnel, to disclose orally and in writing the results of the verification process. The information obtained will not be provided to any other parties other than to the designated authorized representatives of this Company. All results will be kept CONFIDENTIAL.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

I have read and understand this consent for release of information, and authorize the background verification, and I do hereby authorize the Company to contact orally or in writing, any third parties to obtain information which the Company deems necessary and appropriate in conjunction with my application and qualifications for employment, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of information.

I hereby authorize the Company to receive the results of any and all drug tests I have taken in any previous employment. This release specifically authorized the release of any confirmed, positive test results and a full and complete description of any disciplinary action, which followed.

I so hereby agree to forever release and discharge the Company, and its affiliates and employees to the full extent permitted by law from any claims, complaint filed with any agency arising from the retrieving and reporting of information.”

Signature

Date

AFFIRMATIVE ACTION FORM

Government agencies require reports on status of applicants. This data is for analysis and affirmative action only. Submission is voluntary. Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment or later advancement in employment.

Sex: ___ Male ___ Female

Race/ethnicity:

___ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

___ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

___ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

___ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

___ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

___ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

___ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

___ Veteran: ___ Non-veteran