



**MANUFACTURERS OF PRECISION-MADE
POLYURETHANE SPIRAL HOSE & TUBING**



**ADVANCED
TECHNOLOGY
PRODUCTS**

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**



**APPLICATION FOR EMPLOYMENT
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

PLEASE COMPLETE PAGES 1-5. DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____

Telephone (____) _____

If under 18, please list age _____

Position applied for (1) _____
 and salary desired (2) _____
 (Be specific)

Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION (Complete mailing address) | YEARS COMPLETED | MAJOR & DEGREE |
|----------------------|----------------|--|--------------------|-------------------|
| High School | | | | |
| College | | | | |
| Bus. or Trade School | | | | |
| Professional School | | | | |

HAVE YOU EVER BEEN CONVICTED OF A FELONY? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No
 ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
 If you were self-employed, give firm name. **Attach additional sheets if necessary.**

| | | | |
|--|-------------------------|------------------|----------------|
| Name of employer Address City, State, Zip Code Phone number | Name of last supervisor | Employment dates | Pay or salary |
| | | From To | Start Final |
| | Your last job title | | |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

| | | | |
|--|-------------------------|------------------|----------------|
| Name of employer Address City, State, Zip Code Phone number | Name of last supervisor | Employment dates | Pay or salary |
| | | From To | Start Final |
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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Advanced Technology Products, Inc. (hereinafter called "ATP"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of ATP, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of ATP. Both the undersigned and ATP may end the employment relationship at any time, without specified notice or reason. If employed, I understand that ATP may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give ATP permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release ATP from any liability as a result of such contract.

I also understand that (1) ATP has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, ATP may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, ATP, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with ATP shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with ATP is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

Advanced Technology Products, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with ATP depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.



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Authorization for Release of Information

I hereby authorize Advanced Technology Products, Inc. to make inquiries, either by written communication, by telephone, by electronic media or in person to any former employer, creditor, governmental agency, educational institution, military establishment or any other persons knowledgeable of my background as to my prior history, work experience, nature of duties, work hours, wages, performance levels, reliability, responsibility, honesty and any other measure of my character or personality. I understand that inquiries can be made prior to, during and after my employment.

In consideration for your furnishing such information, I specifically waive any confidential relationship of privacy position which may exist between us and completely release you from any responsibility of liability for damages which may occur as a result of the disclosure of this information.

I understand my application will be investigated. I warrant the foregoing to be a truthful and complete statement of fact. Furthermore, any untrue or misleading answer or concealment of any fact will constitute grounds for no further consideration of my application or immediate discharge at any time during my employment that such false or misleading statements become known.

I understand that as a condition of employment, I will be tested for controlled substances at the Company's expense and consent to this testing.

I understand that should such testing return a positive result, the charges will be deducted from my final paycheck (not to exceed \$90).

A Photostat, or any other copy of this instrument bearing my signature shall be legally valid as the original.

| | |
|---------------------------------|--|
| Date: | |
| Printed Name: | |
| Address: | |
| City/State/Zip: | |
| Social Security Number: | |
| Driver's License Number: | |
| Birthdate: | |
| Signature: | |