ADDLICANT INCODMATION

6601 Lyons Road, E-4 • Coconut Creek, FL 33073 USA • Ph: 954-834-2211 • Fax: 954-834-2212 • www.NOVASEAL.com

## APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION								
Last Name	First Name		ne				M.I.	
Street Address			Apartment/Unit #					
City	State				ZIP			
Phone	Email Address							
Social Networking Sites (Facebook, Twitter, etc.)								
Position Applied For								
Date Available	Social Security No.			Desired:	sired Salary			
Are you a citizen of the United States? YES □	NO ☐ If no, are you authorized to work in the			ork in the	U.S.? YES □	NO 🗆		
Are you a veteran? YES □ NO □ Branch of	f Service				Rank at I	Discharge		
Have you been convicted of a (1) felony or (2) a lesser crime or (3) pled no contest or (4) even had adjudication withheld YES NO							№П	
If yes, explain								
Who referred you to us?								
EDUCATION / SKILLS								
High School	Graduate			Year Degre		Degree		
		Graduate Year		Degree				
		Graduate Year		Degree				
ů –					Degree			
Summarize your special skills or qualifications								
Summanize your special skills or qualifications								
What job suits you BEST?								
,								
What is your ideal career?								
PREVIOUS EMPLOYMENT (Begin with most re	ecent or cur	rent emplo	yment)					
Company				Phone				
Address			Supervisor/Position					
Type of Business		<u>.</u>		Your Job Tit	le			
Dates of Employment			Starting Sal	ary \$		Ending Salary		
Reason for Leaving						May we contact	? YES □	NO

6601 Lyons Road, E-4 • Coconut Creek, FL 33073 USA • Ph: 954-834-2211 • Fax: 954-834-2212 • www.NOVASEAL.com

Company		Phone			
Address		Supervisor/Position			
Type of Business		Your Job Title			
ates of Employment Starting		ary \$	Ending Salary \$		
Reason for Leaving			May we contact? YES □ NO □		
Company		Phone			
Address		Supervisor/Position			
Type of Business		Your Job Title			
Dates of Employment	Starting Sala	ary \$	Ending Salary \$		
Reason for Leaving		May we contact? YES □			
Company		Phone			
Address		Supervisor/Position			
Type of Business		Your Job Title			
Dates of Employment	Starting Salary \$		Ending Salary \$		
Reason for Leaving			May we contact? YES □ NO □		
Company		Phone			
Address		Supervisor/Position			
Type of Business		Your Job Title			
Dates of Employment	Starting Sala	ary \$	Ending Salary \$		
Reason for Leaving			May we contact? YES □ NO □		
Company		Phone			
Address		Supervisor/Position			
Type of Business		Your Job Title			
Dates of Employment	Starting Sala	lary \$ Ending Salary \$			
Reason for Leaving			May we contact? YES □ NO □		



6601 Lyons Road, E-4 • Coconut Creek, FL 33073 USA • Ph: 954-834-2211 • Fax: 954-834-2212 • www.NOVASEAL.com

CO-WORKER OR SUPERVISOR REFERENCES					
Name	Phone				
Relationship	Email				
Comments					
Name	Phone				
Relationship	Email				
Comments					
Name	Phone				
Relationship	Email				
Comments					
Name	Phone				
Relationship	Email				
Comments					
Name	Phone				
Relationship	Email				
Comments					
Name	Phone				
Relationship	Email				
Comments					

Nova Products Mfg., Inc. is an equal employment employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, marital or veteran status, age or disability, or any other basis prohibited by law.



6601 Lyons Road, E-4 • Coconut Creek, FL 33073 USA • Ph: 954-834-2211 • Fax: 954-834-2212 • www.NOVASEAL.com

In exchange for the consideration of my job application by Nova Products Mfg., Inc. (hereinafter called the "Company"), I clearly understand and agree:

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 statement and the life 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 Company or otherwise to change in any respect the employment-at-will relationship between it and the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company my unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigations of all statements contained in this application and in accordance with the Department of Transportation (DOT), Federal Motor Carrier Safety Regulations (FMCSR), all records regarding alcohol and controlled substance testing results. I hereby authorize said sources to disclose such records and other information as may be requested by the prospective employer. I understand that the misrepresentations or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I certify that the Information contained in this application is correct and complete to the best of my knowledge and understand that omission, misrepresentation or falsification of information is grounds for refusal to employ me or my dismissal if I am employed.

I understand that (1) the Company 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. If accepted for employment, I understand such acceptance may be contingent on my passing a medical examination and for the purposes of a medical examination, I authorize any doctor with whom I have consulted previously in a physician-patient relationship to release and convey any information relative to such a consultation or treatment. I understand that if training is required, that time invested in training by me may or may not be paid by the Company, at the sole discretion of the Company.

I understand that, if hired, I am required to abide by all rules and regulations of the Company and that I will be responsible for the care and return of any equipment or clothing of Company-owned property issued to me during my employment. If I am employed and should fail to return any tools, I hereby authorize the Company to deduct from my pay due me, at the time, the value of such tools. I also agree to furnish the personal tools customarily required for my job.

I will be able, if hired, to certify that I am authorized to work in the United States of America and understand that in accordance with the Immigration Reform and Control Act, as amended, I will be required to provide timely documentation of identity and employment eligibility.

I understand that, in connection with the routine processing of employment application, the Company may request from a consumer reporting agency an investigative report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, the Company 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 authorize my references, schools, and current and past employers to give the Company any and all information concerning my previous employment and any Information they may have, personal or otherwise, and release all parties from all liability for any damage or claim that may result from furnishing the same to the Company.

If hired by Company, I must sign a non-compete agreement and a confidential disclosure agreement with Company. I will carry out my job duties in an ethical manner and avoid any conflicts of interest. I understand that performing services for any competitor or disclosing confidential company information to people outside Company will be grounds for terminating my employment with Employer and may be subject to additional legal consequences as permitted by law.

I understand that if hired, I must sign an agreement consenting to assign to Company, the rights to any inventions, original works, discoveries, ideas and improvements arising out of my employment with Company. This certifies that I completed this application, and that all entries on it are true and complete to the best of my knowledge.

Applicant Signature	Printed Name	Date