



EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION

Date: _____

Applicant's Name: _____
Last Name First M.I.

Address: _____ City _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Other _____

Social Security No. _____ Driver's License No. _____

Position Desired: _____ Date you can start: _____ Salary Desired: _____

If hired, can you furnish proof of citizenship or legal entry into the U.S.? Yes _____ No _____

Do you give consent to perform a criminal background check? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____. If "YES" please explain
(Conviction of a crime is not an automatic bar to employment. New Direction will consider the nature of the offense, the date, and the relationship between the offense and the position applied for.)

Have you ever served in the U.S. Armed Forces? Yes _____ No _____

If "Yes", Branch of Service: _____

List in Training received while in service: _____

Do you have any physical conditions or a handicap which may limit your ability to perform the job applied for? If yes, what can be done to accommodate your limitation? _____

Would you be willing to take a Physical Examination and Drug Test at the expense of the company if offered the job? Yes _____ No _____

Do you have any friends or relatives currently working for us? Yes _____ No _____

If "Yes", please list their name: _____

Are you currently employed? Yes _____ No _____

If so, may we contact your employer? Yes _____ No _____

EDUCATION

Name of Institution	Graduate Y/N	
High School	City	State
Vocational Tech	City	State
College/University	City	State
Other (Specify)	City	State

Do you have job related license or certification? Yes _____ No _____

If "Yes", please specify: _____

Title

Number

List any experiences, skills, training, or qualifications which you feel would be especially helpful in the job you are applying for: _____

List Clerical Skills, if any: _____

Specialized Programs (Accounting, Database, File Management): _____

EMPLOYMENT HISTORY

(List chronologically, starting with the most recent employer)

1. Name of Employer: _____

Address _____

Telephone No: _____ Dates of Employment: _____ TO _____

Supervisor's Name/Title: _____

Starting Salary _____ Ending Salary _____ Weekly, Bi-weekly, Monthly, Twice a Month, Other _____

Reason for Leaving:

Position held/ Description of your duties:

2. Name of Employer: _____

Address _____

Telephone No: _____ Dates of Employment: _____ TO _____

Supervisor's Name/Title: _____

Starting Salary _____ Ending Salary _____ Weekly, Bi-weekly, Monthly, Twice a Month, Other _____

Reason for Leaving:

Position held/ Description of your duties:

3. Name of Employer: _____

Address _____

Telephone No: _____ Dates of Employment: _____ TO _____

Supervisor's Name/Title: _____

Starting Salary _____ Ending Salary _____ Weekly, Bi-weekly, Monthly, Twice a Month, Other _____

Reason for Leaving:

Position held/ Description of your duties:

4. Name of Employer: _____

Address _____

Telephone No: _____ Dates of Employment: _____ TO _____

Supervisor's Name/Title: _____

Starting Salary _____ Ending Salary _____ Weekly, Bi-weekly, Monthly, Twice a Month, Other _____

Reason for Leaving:

Position held/ Description of your duties:

May we contact your previous employers? Yes _____ No _____ If "NO", please explain and indicate which employer _____

References Excluding Relatives
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Reference #1

Name: _____ Occupation: _____

Address: _____ Telephone: _____

Reference #2

Name: _____ Occupation: _____

Address: _____ Telephone: _____

Reference #3

Name: _____ Occupation: _____

Address: _____ Telephone: _____

Applicant’s Authorization and Certification:

Please Read CAREFULLY before signing: I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire, or, if hired, termination. I authorize any of the persons, organizations, and educational institutions referenced in this application to give officials of NDE, LLC any all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liabilities from any damages which may result from furnishing such information to New Direction Environmental, LLC.

I UNDERSTAND THAT ALL PERSONS OFFERED EMPLOYMENT BY NDE, LLC MUST SUCCESSFULLY PASS A DRUG TEST AS A CONDITION OF EMPLOYMENT.

I UNDERSTAND THAT NOTHING IN THIS APPLICATION SHALL BE CONTRUED AS A CONTRACT OR OFFER OF EMPLOYMENT. IF HIRED, I UNDERSTAND THAT I WILL BE EMPLOYED AT-WILL, NEW DIRECTION ENVIRONMENTAL, LLC HAS THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME AND I MAY TERMINATE MY EMPLOYMET AS WELL.

Print

Signature

Date

FOR INTERNAL USE ONLY - Do Not Write Below This Line

Date

Interviewed By

Remarks

Hired:	Department/Position:
Report Date:	Salary/Wages: