



Employment Application

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Policy on chemical testing for job applicants

All final candidate applicants for employment (including temporaries) shall be scheduled for chemical testing as part of the pre-employment evaluation. Chemical testing clearance shall be completed before a hiring decision is made.

Applicants will be notified of chemical testing requirements at the same time of initial interview. Prior to the test, applicants shall complete a Substance Use and Consent Form.

All applicants with positive results shall be notified of those results. Positive results, without sufficient explanation of the Substance Use and Consent Form, shall be considered grounds for disqualification from consideration for employment for 180 days.

Sample tampering during the pre-employment evaluation, falsification of the Substance Use and Consent Form, or refusal to submit a sample shall be grounds for disqualification for employment.

Brooks Manufacturing Co. affirms the necessity to uphold a high regard for the privacy and dignity of the individual in the sampling process. Chemical testing shall be conducted according to uniform standards and testing procedure established by Brooks Manufacturing Co. to assure a high degree of accuracy and reliability.

When complete, please return signed copy to Brooks Manufacturing by either fax, email or in person.

Brooks Manufacturing Co. is an Equal Opportunity Employer.

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Position(s) Applied For: _____

Referral Source: Advertisement Friend Relative Employment Agency Walk-In Other _____

Have you filed an application here before? yes no If yes, give date: _____

Are you employed now? yes no May we contact your present employer? yes no

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.) yes no

On what date would you be able for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you a lay-off and subject to recall? yes no

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Job Title: _____

Supervisor: _____

Reason for Leaving: _____

Date Employed From: _____ To: _____

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2. Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Job Title: _____

Supervisor: _____

Reason for Leaving: _____

Date Employed From: _____ To: _____

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3. Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Job Title: _____

Supervisor: _____

Reason for Leaving: _____

Date Employed From: _____ To: _____

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Additional Employment to Note: _____

Special Skills

Summarize special skills and qualifications acquired from employment or other experience.

Veteran of the U.S. Military service? yes no If Yes, which branch? _____

Indicate languages you speak, read and/or write (please include fluent, good or fair): _____

List professional trade, business or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.): _____

Give name, address and telephone number of three references who are not related to you and are not previous employers:

1. Name: _____

Address: _____ Phone: _____

2. Name _____

Address: _____ Phone: _____

3. Name: _____

Address: _____ Phone: _____

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps

Government contractors are subject to 38 USC 2012 of the Viet Era Veterans Readjustment Act of 1974, which requires that they take affirmative action to employ and advance in employment, qualified disabled veterans of the Vietnam Era, and Section 503.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration:

If you wish to be identified, please note: Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed: _____

Education

HIGH SCHOOL Name: _____

Years Completed: 9 10 11 12

Course of Study: _____

Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities: _____

COLLEGE / UNIVERSITY Name: _____

Years Completed: 1 2 3 4

Diploma / Degree: _____ Course of Study: _____

Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities: _____

Honors Received: State any additional information you feel may be helpful to us in considering your application. _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Yes No

Release and Waiver

I hereby give Brooks Manufacturing Company the right to make a thorough investigation of my past employment, education, and activities, and I release from all liability all persons, companies, education entities, and corporations supplying such info. I further agree to indemnify Brooks Manufacturing Company against any liability which might arise from making such an investigation or using the information obtained therein. Yes No

Signed: _____ Date: _____