

Application for Employment

ARONOV

It is the policy of Aronov to provide equal employment opportunity with regard to all terms and conditions of employment. Aronov complies with Federal and State laws prohibiting discrimination on the basis of race, color, religion, sex, national origin, disability, veteran status, age or any other protected characteristic.

PLEASE PRINT IN INK.

LAST NAME		FIRST	MIDDLE	DATE OF APPLICATION	
POSITION APPLYING FOR			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL		
STREET ADDRESS		CITY	STATE	ZIP CODE	
HOME PHONE	CELL/OTHER #	EMAIL ADDRESS			
DATE AVAILABLE FOR WORK	EXPECTED PAY	HOW WERE YOU REFERRED TO OUR COMPANY?			
WILL YOU WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO (STATE ANY LIMITATIONS ON YOUR WORKING HOURS)					
HAVE YOU EVER WORKED FOR ARONOV BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?			HAVE YOU EVER COMPLETED AN APPLICATION HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?		
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES (PROOF REQUIRED IF HIRED) <input type="checkbox"/> NO		IS THIS APPLICATION A REQUEST FOR REEMPLOYMENT FOLLOWING AN EXTENDED MILITARY LEAVE OF ABSENCE FROM OUR COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ADDITIONAL INFORMATION MAY BE REQUESTED			
IF YOU ARE UNDER 18 YEARS OLD, CAN YOU PROVIDE A WORK PERMIT IF REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO					
HAVE YOU ENTERED INTO AN AGREEMENT WITH ANY FORMER EMPLOYER OR OTHER PARTY (SUCH AS A NON-COMPETE AGREEMENT) THAT MIGHT, IN ANY WAY, RESTRICT YOUR ABILITY TO WORK FOR OUR COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, PLEASE EXPLAIN:					
HAVE YOU EVER PLEADED "GUILTY" OR "NO CONTEST" TO, OR BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE DATE(S) AND DETAILS:					
(ANSWERING "YES" TO THE ABOVE QUESTION DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS JOB RELATEDNESS, AGE AT TIME OF OFFENSE, SERIOUSNESS AND NATURE OF VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT. ARONOV WILL LIMIT DISSEMINATION OF THIS INFORMATION TO EMPLOYEES WITH A NEED-TO-KNOW.)					
EDUCATION					
TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS, TRADE, OTHER			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT
(ATTACH ADDITIONAL SHEETS IF NEEDED)**

Place an ☒ by any employer(s) you DO NOT want us to contact.

<input type="checkbox"/> EMPLOYER	FROM		STARTING WAGE	PER
	MO	YR	\$	<input type="checkbox"/> HOUR <input type="checkbox"/> YEAR
ADDRESS	TO		ENDING WAGE	PER
	MO	YR	\$	<input type="checkbox"/> HOUR <input type="checkbox"/> YEAR
PHONE NO. ()	POSITION(S) HELD			
TYPE OF BUSINESS				
NAME & TITLE OF IMMEDIATE SUPERVISOR	DUTIES/RESPONSIBILITIES			
EXPLAIN ANY PERIOD BETWEEN THIS JOB AND THE PREVIOUS ONE				
	REASON FOR LEAVING			

<input type="checkbox"/> EMPLOYER	FROM		STARTING WAGE	PER
	MO	YR	\$	<input type="checkbox"/> HOUR <input type="checkbox"/> YEAR
ADDRESS	TO		ENDING WAGE	PER
	MO	YR	\$	<input type="checkbox"/> HOUR <input type="checkbox"/> YEAR
PHONE NO. ()	POSITION(S) HELD			
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TYPE OF BUSINESS				
NAME & TITLE OF IMMEDIATE SUPERVISOR	DUTIES/RESPONSIBILITIES			
EXPLAIN ANY PERIOD BETWEEN THIS JOB AND THE PREVIOUS ONE				
	REASON FOR LEAVING			

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM A JOB? ☐YES ☐NO

IF YES, PLEASE EXPLAIN _____

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills, licenses, certificates, professional memberships or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment

REFERENCES

List three business/work references who are **not** related to you and are **not** previous supervisors.
If not applicable, list three school or personal references who are **not** related to you.

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY			
WORK ADDRESS	STATE	HOME/CELL PHONE	WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY			
WORK ADDRESS	STATE	HOME/CELL PHONE	WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY			
WORK ADDRESS	STATE	HOME/CELL PHONE	WORK PHONE

REFERENCE CHECKING CONSENT & AUTHORIZATION

I have applied for employment with Aronov and have provided information about my previous employment. My signature below authorizes my former or current employers unless I specifically direct Aronov not to contact an employer by placing an "X" next to the employer's name and references to release the contents of my employment record with their organizations and to provide any additional information that may be necessary for my application for employment to Aronov whether the information is positive or negative.

I authorize Aronov to investigate all statements made in my application for employment and to obtain any and all information concerning my former/current employment, unless I specifically direct Aronov not to contact a particular employer. This includes my job performance appraisals/evaluations, wage history, disciplinary action(s) if any, and all other matters pertaining to my employment history.

I knowingly and voluntarily release all former and current employers, references, and Aronov from any and all liability arising from their giving or receiving information about my employment history and my suitability for employment with Aronov. This form may be photocopied or reproduced as a facsimile, and these copies will be as effective as a release or consent as the original which I sign.

Applicant Signature

Date

Printed Name

APPLICANT STATEMENT

I certify that all the information submitted by me on this application is true and complete. I understand that any false or misleading information, omissions or misrepresentations included on this application, when discovered, will result in rejection of my application or termination of my employment.

If hired, I agree to conform to the Company's rules and regulations. I understand that these rules and/or the Company's employee handbook do not form a contract of employment, either expressed or implied. I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the Company's option.

I also understand and agree that the Company may revise or change the terms and conditions of my employment at any time, with or without cause and with or without notice. I understand that no Company representative has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, with the sole exception of a valid written agreement signed by the CEO or president and me.

I understand that this application remains current for only 90 days from the date below. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

Applicant Signature

Date