



Employment Application

www.GenTechScientific.com

23 Mill Street • Arcade, NY 14009

We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, Sex, National origin, age marital status, veteran status, disability, sexual orientation, and any other legally protected status

Please Print

Position(s) Applied for:	Date of Application:
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How did you learn about GenTech? (Check one)				
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Friend	<input type="checkbox"/>	<input type="checkbox"/> Recruiting Firm
Current Employee:				
Other:				

Last Name:	First Name:	Middle Name:
Social Security Number: _____ - _____ - _____		Birth Date: _____
E-Mail Address: _____ @ _____		
Address:	Number: _____	Street: _____
	City: _____	State: _____ Zip Code: _____
Telephone Number(s) where we can contact you:		
Home: () - _____	Work: () - _____	Cell: () - _____

Are you available to work:	<input type="checkbox"/> Regular Full-time
	<input type="checkbox"/> Regular Part-time, hours _____
	<input type="checkbox"/> Temporary-Hours _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
Have you ever submitted an application to GenTech before? If yes, please give date: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
Have you ever been employed with Gen Tech before? If yes, please give date: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
Are you legally qualified to work in the United States? (If employed, you will be required to provide original document which verify your identity and right to work in the United states under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.) On what date would you be available for work? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
Have you ever been convicted of a crime or violation other than a minor traffic infraction? If yes, please explain: _____ (A conviction record will not necessarily be a bar to employment. Factors such as job relatedness, age and time of the offense, seriousness and nature of violation will be taken into account.)	<input type="checkbox"/> Yes	<input type="checkbox"/> NO

EDUCATION

	Elementary School	High School	Technical School	College	Other
School Name and Location					
Years Completed	4 5 6 7 8	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Diploma Degree		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Major Course(s) of study					

Summarize special skills and training not listed above:

Describe Honors received:

List Professional, trader, business, or civil activities and offices held:
 (You may exclude memberships which may reveal sex, race, religion, national origin, age, or disability, or other protected status.)

EMPLOYMENT REFERENCES

BUSINESS REFERENCES				
Dates	Company Name/ Location	Supervisor	Phone: ()- ___ - ___	Type of Work Performed

PERSONAL REFERENCES		
Length of time Known	Name:	Phone: ()- ___ - ___

EMPLOYMENT EXPERIENCE

Start with your present or most recent position. Please complete this information completely even though these items may be listed on your resume.

List most recent employer first: May we contact your most recent employer? Yes No

1. Most Recent Employer, Name:	
Dates Employed From: _____ To: _____	Telephone Number: ()-
Supervisor's Name:	Employer's Street Address:
Your Job Title:	City/State/Zip Code:
Reason for Leaving:	
Work Performed:	

2. Employer, Name:	
Dates Employed From: _____ To: _____	Telephone Number: ()-
Supervisor's Name:	Employer's Street Address:
Your Job Title:	City/State/Zip Code:
Reason for Leaving:	
Work Performed:	

3. Employer, Name:	
Dates Employed From: _____ To: _____	Telephone Number: ()-
Supervisor's Name:	Employer's Street Address:
Your Job Title:	City/State/Zip Code:
Reason for Leaving:	
Work Performed:	

4. Employer, Name:	
Dates Employed From: _____ To: _____	Telephone Number: ()-
Supervisor's Name:	Employer's Street Address:
Your Job Title:	City/State/Zip Code:
Reason for Leaving:	
Work Performed:	

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application with GenTech Scientific, Inc. (hereinafter called “the company”), 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 the Company, or otherwise to change in any respect the “employment-at-will” relationship between the Company and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specific notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in staff and/or benefits.

I authorize the Company to conduct a background investigation in order to assess my eligibility for a position of employment. 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 the Company permission to investigate and verify past employment, education, residential history, criminal record and opinions of reference. I further authorize the Company to complete a criminal background check if desired and obtain a copy of my driving record. I hereby release the Company from any liability as a result of such contacts, inquires, or records in order to ascertain my qualifications and eligibility for employment.

I also understand that (1) the Company has a drug and alcohol policy that may provide for pre-employment testing as well as a random testing program after employment; (2) my 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 further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable “at will” for any reason by either party.

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

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

Signature of applicant: _____ Date: _____

Printed Name of Applicant: _____ Phone: _____