

Position(s) Applied for

GenTech Scientific LLC

www.GenTechScientific.com 23 Mill St, Arcade, NY 14009 Phone: 585.492.1068 Fax: 585.492.0383

APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical or mental disability, medical condition, military or veteran status, genetic information, marital status, ethnicity, citizenship or immigration status or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative. Please print.

Date of Application

Print Name (Last, First, & Mido	dle)				
Street Address		City	State	ZIP Code	
Main Phone Number	Alternate Phone Number	Email	Email		
EMPLOYMENT EXPERIENCE List the names of your present of first. Be sure to account for all additional page if necessary.					
Name of Employer		Supervisor	May we	May we contact?	
			□ Yes □	☐ Yes ☐ No	
Street Address					
Phone Number Da		Dates Employed (Month/\	Dates Employed (Month/Year)		
		From	То	То	
Job Title and Duties		Reason for Leaving			
Name of Employer		Supervisor	•	May we contact?	
			☐ Yes □	□ No	
Street Address					
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Phone Number	mber Dates Employed (Month/		
	From	То	
Job Title and Duties	Reason for Leaving		
Name of Employer	Supervisor	May we contact?	
		☐ Yes ☐ No	
Street Address			
Phone Number	Dates Employed (Mon	th/Year)	
	From	То	
Job Title and Duties	Reason for Leaving		
U	de carles des resions france appuish?	□Vos□No	
Have you ever been involuntarily terminate	ed or asked to resign from any job?	Yes □ NC	
If yes, explain:			
Explain any gaps in your employment histor	ry:		

	experience, job related ski evaluating your qualification			er qualifications that yo	u believe should be
CONSIDER EU III E	valuating your qualification	ліз тог ептріоў	nent.		
EDUCATION Describe your	educational background in	the table prov	ided below.		
	School Name	Years Completed	Diploma/ Degree (Yes/No)	Area of Study/Major	Specialized Training, Skills, or Extra- Curricular Activities
High School					
College/ University					
Graduate/ Professional School					
Trade School					
Other					
	ROFESSIONAL REFERENCES essional references of indiv	viduals who are	e not related to v	ou:	

Name and Title	Relationship	Phone Number or Email

PERSONAL REFERENCES

List three people who know you well:

Name	and Title		Relationshi	p and Years Acc	quainted	Phone Number	or Email
GENERA	L INFORMATION						
1.	Have you eve	r used another	name?				Yes No
2.	Is any additio	nal information	relative to nam	e changes, use	of an assumed	name, or nickna	me necessary to
	enable a check on your work and educational record?					Yes No	
	If yes to eith	er of the abov	e, provide the	additional info	ormation:		
3.	Have you eve	r worked for Ge	nTach hafora?				Ives \(\sum_{No} \)
Э.	-	ates and posit					i res 🗀 No
	ii yes, give u	ates and posit					
3a.	Have you eve	r submitted an	application to G	enTech before?)		Yes 🗌 No
	If yes, give dates and position:						
4	O . It at all a			1.2			
4.							
	5. Are you available to work? ☐ Full-time ☐ Part-time ☐ Shift Work ☐ Temporary						
6. Г	-,,,					Sunday	
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_ L	.61.					1.0	
7.						ork?	
8.	•	·	•				<u> </u>
9.							
10.	.0. Are you at least 18 years old? Yes □ No						
	Note: If und	er 18, hire is su	ubject to verifi	cation that you	are of minim	num legal age.	
11.	If hired, can y	ou present evid	ence of your ide	entity and legal	right to work i	n this country?	Yes No
12.	Are you able	to perform the	essential job fur	nctions of the jo	b for which you	u are applying w	ith or without
	reasonable accommodation?						
	Note: We co	mply with the	ADA and cons	ider reasonab	le accommoda	ation measures	that may be
	necessary fo	r qualified app	olicants/emplo	yees to perfor	m essential jo	b functions.	

APPLICANT STATEMENT AND AGREEMENT

Read and initial each paragraph below. If there is anything that you do not understand, please ask.
I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further, authorize the prior employers and references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.
If I am employed by the Company, I understand that I am required to comply with all rules and regulations of the Company.
If hired, I understand and agree that my employment with the Company is at-will and that neither I, nor the Company is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.
I understand that safety of employees is extremely important to the Company and that the Company is committed to ensuring a safe working environment. I understand that I and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state and local regulations related to on-the-job safety and health.
I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.
I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.
MY SIGNATURE INDICATES THAT I HAVE READ, UNDERSTAND, AND AGREED TO ALL OF THE ABOVE TERMS.
Signature:
Name (print): Date: