



Application for Employment Form

Nilfisk-Advance, Inc. and its affiliated companies (“the Company”) considers all applicants for employment without regard to race, color, sex, creed, religion, national origin, marital status, veteran status, citizenship status, ancestry, age, disability, sexual orientation, status with regard to public assistance membership, or activity in a local commission or membership in any other legally protected class. The Company complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it has employees. The Company also provides “reasonable accommodations” to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws.

Name _____
(Please Print)

Current Address Street City State Zip Code

Apartment No. Telephone No. Referred by

Are you age 18 or over? Yes No Social Security Number _____

Position(s) applying for (*do not list “any”*): _____

Do you want to work? Full Time Part Time

Shift Preferred (factory only): Days Evenings Nights

Date available for work: _____ Salary/Hourly Rate desired: _____

Have you ever been employed by us? Yes No If yes, when? _____

State name(s) of any relative(s) or friend(s) employed by our company.

Have you ever been convicted of a felony?* Yes No If yes, state nature of offense, when, where, and disposition. _____

Answer these questions for all positions requiring the use of a vehicle:

Have you ever been convicted of a moving traffic violation?* Yes No If yes, list all here: _____

Have your driving privileges ever been revoked or suspended? Yes No If yes, list all here: _____

Do you currently hold a Commercial driving license? Yes No

*A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.

*Can you show proof of your eligibility to work in the United States? Yes No

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Number of Years Completed	Did You Graduate?	Diploma or Degree Received
High School					
Commercial or Trade					
College or University					
Other (Specify)					

MILITARY SERVICE RECORD

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

List duties in the Service, including special training that is relevant to the position for which you have applied: _____

PROFESSIONAL AFFILIATIONS OR MEMBERSHIPS _____

COMPUTER SKILLS (that you believe are related to the job for which you are applying):

Identify the software programs you are knowledgeable in and your proficiency level: _____

FOREIGN LANGUAGE SKILLS _____

FACTORY: List machine tools or heavy equipment you can operate: _____

Can you read blueprints? _____ What measuring devices can you use? _____

Are there any other experiences, skills, or qualifications which you now possess that may be helpful to us when considering your application? _____

REFERENCES (excluding friends and relatives)

Name and Occupation	Dates Known	Address	Telephone Number
1.			
2.			
3.			

PRIOR WORK HISTORY: List in order, most recent employer first. Account for any gaps in your employment. Please feel free to insert resume and include additional information requested below.

Name of employer:	Address:
Telephone Number:	Position:
Dates Employed: From: To:	Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> Laid Off
Salary: Starting: Final:	Why?
Name and title of supervisor:	
Brief description of your work and responsibilities:	
Name of employer:	Address:
Telephone Number:	Position:
Dates Employed: From: To:	Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> Laid Off
Salary: Starting: Final:	Why?
Name and title of supervisor:	
Brief description of your work and responsibilities:	
Name of employer:	Address:
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Dates Employed: From: To:	Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> Laid Off
Salary: Starting: Final:	Why?
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Dates Employed: From: To:	Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> Laid Off
Salary: Starting: Final:	Why?
Name and title of supervisor:	
Brief description of your work and responsibilities:	
Name of employer:	Address:
Telephone Number:	Position:
Dates Employed: From: To:	Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> Laid Off
Salary: Starting: Final:	Why?
Name and title of supervisor:	
Brief description of your work and responsibilities:	

PRE-EMPLOYMENT STATEMENT *(Please read carefully, signature required below)*

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

2. Any offer of employment I may receive from the Company is contingent upon my successful completion of the Company's total pre-employment screening process, including the Company's receipt of references that it considers satisfactory, and my satisfactory completion of any post offer pre-employment medical examination that the company may require. I hereby consent to having the results of any required post offer pre-employment or post-employment medical exams disclosed to the Company.

3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to alcohol or drug screening as determined by the current company policy. I hereby consent to having the results of any such required alcohol or drug screening disclosed to the Company.

4. In processing my application for employment, the company may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, education, criminal record, and general background. I understand that the Company will provide me with information as to the nature and scope of this investigation to the extent required under applicable state and federal laws.

5. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, and I hereby release them from any and all liability for damages arising from furnishing the requested information.

6. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the company and understand that my employment can be terminated with or without cause or notice at any time, at the option of either the company or myself. I also understand that I will be responsible for signing an Employee Agreement upon starting employment and will be bound by the terms and conditions of such. I further understand that no manager or representative of the company, other than the President & CEO, General Counsel, or Director of Human Resources, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.

Signature _____

Date _____

