



Employment Application

Rev D

Approval Date: 12/01/2017

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO

If so, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

EDUCATION

High School: _____

City/State: _____ Did you graduate? YES NO

College: _____ Degree: _____

City/State: _____ Did you graduate? YES NO

Other Education: _____ Degree: _____

City/State: _____ Did you graduate? YES NO





Employment Application

Rev D

Approval Date: 12/01/2017

REFERENCES

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

PREVIOUS EMPLOYMENT

List most recent first

1) Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

Hire Date: _____ Leave Date: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO





Employment Application

Rev D

Approval Date: 12/01/2017

2) Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

Hire Date: _____ Leave Date: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

3) Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

Hire Date: _____ Leave Date: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, please explain: _____





Employment Application

Rev D

Approval Date: 12/01/2017

DISCLAIMER and SIGNATURE

Please Read Carefully Before Signing

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate, and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in said documents may be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by XLT Ovens (hereinafter referred to as "XLT") that such employment with XLT is at will, for no specified duration any may be terminated by either XLT or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statement of XLT or its representatives used during the employment process are deemed a contract of employment real or implied. I understand that no representative of XLT except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of XLT.

In consideration for employment with XLT, if employed, I agree to conform to the rules, regulations, policies and procedures of XLT at all times and understand that such obedience is a condition of employment. I understand that due to the nature of XLT's business, attendance and punctuality are considered essential requirements of every job at XLT and that poor attendance or tardiness may result in disciplinary action.

I understand that if offered a position with XLT, I may be required to submit to pre-employment drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks may result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to XLT and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damages that may result from providing such information.

I understand that this application is considered current for one year. If I wish to be considered for employment after this period, I must fill out and submit a new application.

Signature: _____ Date: _____





Voluntary Self-Identification Form

Rev A

Approval Date: 04/15/2015

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, gender, national origin, religion, age, veteran status, disability or any other classification protected by federal, state or local law. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

The information requested is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. This form will remain separate from your application for employment. Please return this page with your application.

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Position for which you are applying: _____

I do not wish to furnish this information

Gender: Male Female

Race/Ethnic Data: (Check One)

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latin) – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latin) – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino) – A person having origins in any of the original people of the Far East Southeast Asia or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latin) – A person having origins in any of the original peoples of North or South America (including Central America) and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

This form will be retained in the employee's Medical and Confidential Folder.

