



Application for Employment

Last Name		First Name		MI	Date of application:		For Office Use Only
Address					Type(s) of work desired:		
City		State		ZIP	Home Telephone:		Work Telephone:
How were you referred to Newtrax, Inc.? (Circle only one.)	A. Agency If so, provide name:	B. Advertisement Which media?	C. By an employee If so, provide name:	D. Open house	E. Walk-in	F. By your college If so, provide name:	G. Other – Describe:
Are you a US citizen or legally authorized to be employed in the USA?					If NO please explain:		

Please Read Carefully and Complete by Printing in Ink or Typing

Equal Opportunity Employer - We are an Equal Opportunity employer, and we do not and will not discriminate on the basis of Race, Religion, National Origin, Sex, Age, Disability, Marital Status, status as a Disabled Veteran, or any other characteristic protected by law. Information provided on this application will not be used for any discriminatory purpose.

Provide All Information Requested - Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time. **You may attach a resume, but complete this application as well.**

Employment Record - Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet.

Last or present employment		Type of business		Title, Type or Classification of Position:	
Address			Telephone		Brief description of duties:
City		State	ZIP		
Supervisor's Name			Telephone		
Ending Salary		Dates worked			
		From	To		
Reason for leaving					

Next last employment:		Type of business:		Title, Type or Classification of Position:	
Address			Telephone:		Brief description of duties:
City		State	ZIP		
Supervisor's Name			Telephone		
Ending salary		Dates worked			
		From	To		
Reason for leaving					

Application for Employment - Newtrax, Inc.

Military Record

Branch of service: _____ From: _____ To: _____

Present military affiliation – Please Circle: None Reserve - Inactive Reserve - Active Please describe: _____

Kinds of training and duty while in the service: _____

Professional / Work References

List two past supervisors and one person who are not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title / Relationship	Address (Street, City, State, ZIP Code)	Telephone (Include Area Code)	Occupation

May we contact your present employer? Yes No

Wage or salary required: _____

Date available: _____

Are you 25 years of age or older? Yes No

If any of your educational or employment records are under other than the above name, please provide the other name (s)

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed. I understand that my employment may be contingent upon receipt of an Alien Registration number, verification of right to work, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the Company or myself.

Additional Comments or Information, if more space is required, please continue on a separate sheet:

Date

Signature

