

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781

dhs.gov/e-verify



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EMPLOYMENT APPLICATION



5101 Blue Mound Road, Fort Worth, TX 76106
Phone (817) 509-2300 Fax (206) 339-9455

Personal Information

Legal Last Name	Legal First Name	MI	Nickname	E-mail address
Street address				Type(s) of work desired
City	State	ZIP	Phone No.	
How were you referred to us?				

Shift Desired:	<input type="checkbox"/> 1 st Shift (begins at 5am or 6am depending upon position)	<input type="checkbox"/> 2 nd Shift (begins at 3:30 pm)
Are you currently employed? If yes, may we contact your present employer?		
Wage or salary desired?	If hired, when will you be available to begin working?	
Are you over 18 years of age?	Are you authorized to work in the US?	
Do you have any friends or relatives that work at this company? If so, what is their name?		
Have you ever worked for this company? If so, list dates of employment.		
Have you ever applied for employment at this company? If so, when?		
Are you willing to work overtime as required during the week AND on Saturdays (if needed)?		
Do you have reliable transportation?		
Are there any hours or days you are unable to work? If yes, please list.		
Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodations?		
During the past seven (7) years, have you been convicted of, or have you pled guilty or no contest to, a felony offense? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain in the space below (Answering "yes" to this question will not automatically bar you from employment unless applicable law requires such action.)		

Employment History

Start with your present or most recent position. You may attach a resume, but complete this application as well.

Last or present company	Type of Business
City State Zip code	Position or Title
Supervisor's name Phone Number	Brief Description of job duties
Start and End Dates Worked	
Reason for leaving	

EMPLOYMENT APPLICATION (PAGE 2)

Employment History – continued

Last or present company			Type of Business		
City	State	Zip code	Position or Title		
Supervisor's name		Phone Number	Brief Description of job duties		
Start and End Dates Worked					
Reason for leaving					

Last or present company			Type of Business		
City	State	Zip code	Position or Title		
Supervisor's name		Phone Number	Brief Description of job duties		
Start and End Dates Worked					
Reason for leaving					

Last or present company			Type of Business		
City	State	Zip code	Position or Title		
Supervisor's name		Phone Number	Brief Description of job duties		
Start and End Dates Worked					
Reason for leaving					

Education

Education	Name and Location	No. of Years Attended	Graduated		Degree & GPA
			Yes	No	
High school					
College or University					
Trade, Business or other Training					
Professional memberships, certificates, or licenses held					

EMPLOYMENT APPLICATION (PAGE 3)

Military Record (If none, write "none" under Branch of Service)

Branch of service	Rank	From	To
Present military affiliation:			
<input type="checkbox"/> None <input type="checkbox"/> Reserve (active) <input type="checkbox"/> Reserve (inactive)			
Types of training and duty while in service:			

Special Skills

<i>(To be completed by applicant for office/clerical work)</i>	<i>(To be completed by applicant for shop/plant work)</i>	
Typing <input type="checkbox"/> Yes <input type="checkbox"/> No Words per minute:	Type(s) of machines operated	Years experience
10-Key <input type="checkbox"/> Yes <input type="checkbox"/> No Keys per minute:		Type?
Computer skills (Software Knowledge)?	List other shop/production skills:	
Please list other skills and/or equipment/language experience you have acquired:		

Professional/Work References

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

Name	Title/Relationship	Phone Number	Occupation

If any of your **Educational** or **Employment** records are under other than the above name, please provide other names & dates.

NAME _____

DATES _____

An Equal Opportunity Employer

We are an equal opportunity employer. We do not and will not discriminate on the basis of race, color, religion, sex, sexual preference, age, national origin, physical or mental disability, medical condition, use of guide or support animal, veteran status, marital status or any other consideration made unlawful by federal, state or local laws. Information provided on this application will not be used for any discriminatory purpose.

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application and release Pottorff from any liability.

I understand that employment at this Company is "at-will," which means that I or Pottorff can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

Date

Signature