

**THE AULSON COMPANY, INC.**  
**-----APPLICATION FOR EMPLOYMENT-----**

**PERSONAL INFORMATION**

**Please Print**

Date: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street Apt #  
\_\_\_\_\_ City State Zipcode

Permanent Address: \_\_\_\_\_  
(If Different) Street Apt #  
\_\_\_\_\_ City State Zipcode

Telephone No. \_\_\_\_\_

Are you over the age of 18 years? \* \_\_\_\_\_ YES \_\_\_\_\_ NO

\*The age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Do you have any physical limitations that preclude you from performing any work for which you are being considered? \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes, Please describe \_\_\_\_\_

If Yes, what can be done to accommodate your limitations? \_\_\_\_\_

If you are hired by this company, you will be required to attest to your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements. This is required by the U.S. Department of Justice Immigration and Naturalization services.

**TO BE COMPLETED BY REVIEWER**

Date of Hire \_\_\_\_\_ State Job Located \_\_\_\_\_

Rate of Pay \_\_\_\_\_ Union \_\_\_\_\_

I-9 Completed \_\_\_\_\_ YES \_\_\_\_\_ NO

Reviewer's Signature \_\_\_\_\_ Date \_\_\_\_\_

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, sex, religion, handicap, national origin or veteran status.

**EMERGENCY INFORMATION****PLEASE PRINT**

In case of an emergency notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Telephone No: \_\_\_\_\_ Work Telephone No: \_\_\_\_\_

**FORMER EMPLOYERS (start with last one first)**

Dates Employed (Month and Year)	Name and Address of Employer	Salary	Position	Reason for Leaving

**REFERENCES**

Give the names of three persons not related to you whom you have know for at least one year.

Name	Address and Phone No.	Business	Years Acquainted

**EDUCATION**

	Name and Location of School	No. of Years Attended	Did you Graduate?	Subjects Studies
Grammar School				
High School				
College				
Trade or Business School				

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing to you. I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I payment of my wages and salary, be terminated at any time without any prior notice.

\_\_\_\_\_  
Name of Applicant (Print)\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date: