



## EMPLOYMENT APPLICATION

### AN EQUAL OPPORTUNITY EMPLOYER

Name:		Date of Application:	
Address:			
City:		State:	Zip:
Home Phone:		Social Security Number:	

### GENERAL INFORMATION

Position applied for: \_\_\_\_\_ Date available to start work \_\_\_\_\_

Available to Work: ☐ Full time ☐ Temporary ☐ Part Time Hours Available: \_\_\_\_\_

If you are under age 18, can you provide a work permit if offered a job? ☐ Yes ☐ No

If you are not a U.S. citizen, do you have the right to work in the U.S.? ☐ Yes ☐ No

Have you ever applied for a position with or worked for this company before? ☐ Yes ☐ No

If yes, specify dates: From: \_\_\_\_\_ To: \_\_\_\_\_

In case of Emergency Contact:

(Primary) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

(Secondary) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_



**How were you referred to Ryan Herco Flow Solutions?** (Check one or more and give name of source)

<input type="checkbox"/> Ryan Herco Flow Solutions Employee:	<input type="checkbox"/> Agency: _____
_____	<input type="checkbox"/> Newspaper : _____
<input type="checkbox"/> Ryan Herco Flow Solutions Web Site	<input type="checkbox"/> Internet Posting _____
	<input type="checkbox"/> Other: _____

Do you have any friends or relatives who are presently (or have formerly been) employed by Ryan Herco Flow Solutions or any affiliate of Ryan Herco Flow Solutions?

☐ Yes    ☐ No    If so, please give names: \_\_\_\_\_

Are you able to perform the essential duties of the position for which you are applying, either with or without reasonable accommodations?

☐ Yes    ☐ No

If necessary, please indicate what type(s) of reasonable accommodations are needed:

Are you a veteran of the United States military service?    ☐ Yes    ☐ No

If yes, please state branch of service: \_\_\_\_\_

Please list any job-related professional, trade, business or civic activities, organizations and associations. (You may omit those which indicate race, color, religion, national origin, ancestry, sex, age, or the existence of a disability):

## EDUCATION

	Name and Address of School	Major	No. of Years Completed	Did you Graduate?
High School				
College				
Other (specify)				

## BUSINESS REFERENCES

Please list three persons (or more, on an attachment) who are not related to you, and are best qualified to comment on your **business/professional qualifications** and/or relevant educational background.

Name	Address	Title	Years Known	Telephone

## EMPLOYMENT HISTORY

Please list your present and past work experience for the last 7 years, beginning with your most current job. You may include volunteer activities. Attach additional sheet if necessary. **Please Note: You must complete this section even if attaching a resume,** with the exception of referring to description of duties explained on resume.

Name of Employer	From:	To:
Address:	Telephone:	
Position:	Supervisors Name/Position:	
Description of Duties OR ( ) <i>See attached resume</i>		
Reason For Leaving:		
If currently employed, may we contact your present employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, may we contact them upon your acceptance of an employment offer? <input type="checkbox"/> Yes <input type="checkbox"/> No/ Explain: _____		

Name of Employer	From:	To:
Address:	Telephone:	
Position:	Supervisors Name/Position:	
Description of Duties OR ( ) <i>See attached resume</i>		
Reason For Leaving:		
If currently employed, may we contact your present employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, may we contact them upon your acceptance of an employment offer? <input type="checkbox"/> Yes <input type="checkbox"/> o/ Explain: _____		

Name of Employer	From:	To:
Address:	Telephone:	
Position:	Supervisors Name/Position:	
Description of Duties OR ( ) <i>See attached resume</i>		
Reason For Leaving:		
If currently employed, may we contact your present employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, may we contact them upon your acceptance of an employment offer? <input type="checkbox"/> Yes <input type="checkbox"/> No/ Explain: _____		



**Certification and Release - Please read this section carefully and acknowledge your understanding by initialing each section and signing your name in the space below.**

☐ **Falsification Statement**

I certify that all of the information provided on this application for employment, my resume, any other attachments or addendums, and in my interview is true, correct, and complete to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any misrepresentation, falsification, or omission may be considered justification for withdrawing any offer of employment, consideration for employment, or for subsequent discharge if I am employed, regardless of the time elapsed before discovery.

☐ **Right to Work Verification**

I understand that the U. S. Immigration Reform and Control Act of 1986 requires that all persons hired must submit satisfactory proof of their identity and their legal authorization to work in the United States within three days of being hired. (*A listing of the required documentation is available upon request.*) I understand that failure to submit such proof within the required time shall result in immediate employment termination. I certify the following answers are correct.

Are you lawfully entitled to work in the U.S.?

☐ Yes ☐ No

If offered employment, will you be able to provide the required documentation for verification of employment authorization and identity, on or before the third day of employment?

☐ Yes ☐ No

Are at least 18 years old? (*If no, hire is contingent on age verification & approved work permits*)

☐ Yes ☐ No

☐ **Release and Consent To Conduct Background Investigation**

I understand that Ryan Herco Flow Solutions requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. I understand completion of this Application and my signature on this page of the application and on the attached page for Release and Authorization for Consumer Report and Investigative Consumer Report are required for consideration of employment with Ryan Herco Flow Solutions. I agree to defend, indemnify and hold harmless Ryan Herco Flow Solutions and its employees and agents from any and all claims or lawsuits that may result from Ryan Herco Flow Solutions' investigation or actions taken as a result of its research.

☐ **Employment "At Will"**

I understand and agree that if I am employed, my employment is at the discretion of Ryan Herco Flow Solutions and it has no specified term. It can be terminated at will, with or without notice, at any time, for any or no reason, at the option of either Ryan Herco Flow Solutions or myself. If hired, no promises or representations contrary to the foregoing are binding on the company unless made in writing by the company's designated representative.

☐ **Other Employment Policies**

I understand that employment with Ryan Herco Flow Solutions, if hired, will be conditional upon completion of an Employee Nondisclosure and Proprietary Information Agreement, agreement to terms of a written offer, and satisfactory completion of other forms and agreements required by Ryan Herco Flow Solutions. I also understand that other terms and conditions of my employment will be governed by terms outlined in Ryan Herco Flow Solutions' Employee Handbook and various policies and programs of Ryan Herco Flow Solutions, in writing and otherwise, and that those policies and programs may be changed from time to time by Ryan Herco Flow Solutions, at their discretion, without affecting the "at will" nature of employment.

☐ I agree that working at Ryan Herco Flow Solutions depends on meeting the physical requirements of the available position, if any. I understand that, in order to maintain a safe working environment for all employees and to safeguard the legitimate interests of Ryan Herco Flow Solutions, the Company reserves the right to request and obtain job-related physical examinations, as a condition of my employment or my continued employment.

I have read and understand all the above limitations on and conditions of my potential employment.

Applicant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

*This Authorization and Release must be signed for the application to be complete. This application is not intended to in any way constitute an express or implied contract or offer of employment.*



## VOLUNTARY SELF-IDENTIFICATION RECORD

Ryan Herco Flow Solutions is firmly committed to a policy of providing equal opportunity in all areas of employment. The purpose of this Data Record is to comply with government record keeping, reporting, and other legal requirements. If you choose to volunteer the requested information, please note that all Data Records are kept Confidential and the information provided will not be considered in any employment decisions.

NAME: \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

<b>GENDER:</b>	MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>
<b>ETHNIC ORIGIN:</b>	WHITE	<input type="checkbox"/>	HISPANIC OR LATINO	<input type="checkbox"/>
	ASIAN	<input type="checkbox"/>	BLACK OR AFRICAN AMERICAN	<input type="checkbox"/>
	UNKNOWN	<input type="checkbox"/>	AMERICAN INDIAN/ ALASKAN NATIVE	<input type="checkbox"/>
			TWO OR MORE RACES	<input type="checkbox"/>
<b>VETERAN STATUS:</b>	VIETNAM ERA VETERAN	<input type="checkbox"/>		
	DISABLED VETERAN	<input type="checkbox"/>		

DISABILITY: \_\_\_\_\_

\_\_\_\_\_

WORK RESTRICTIONS, IF ANY: \_\_\_\_\_

\_\_\_\_\_

INFORMATION OBTAINED CONCERNING INDIVIDUALS SHALL BE KEPT CONFIDENTIAL, EXCEPT THAT:

1. Supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities as well as any necessary accommodations.
2. First aid and safety personnel may be informed, to the extent appropriate, if the person with a disability might require emergency treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_