

# APPLICATION FOR EMPLOYMENT



ProtiFi LLC is an Equal Opportunity Employer, and as such affirms the right of every person to participate in all aspects of employment without regard to gender, race, color, religion, national origin, ancestry, age, marital status, sexual orientation, pregnancy, disability, citizenship, military or veteran status, gender expression and/or identity, or any other status or characteristic protected by federal, state, or local law. Please answer all questions. Résumés are not a substitute for a completed application.

<b>Last Name:</b>	<b>First:</b>	<b>Middle:</b>	<b>Date:</b>			
<b>Street Address:</b>			<b>Home Telephone:</b> (    )			
<b>City, State, ZIP:</b>			<b>Cell Phone:</b> (    )			
<b>Have you ever applied for employment with us?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes: Month and Year:</b> <b>Location:</b>			<b>Email Address:</b>			
<b>Have you previously worked for us?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, From:</b> <b>To:</b>			<b>Can you perform the essential skills of the position you are applying for?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Position Desired:</b>						
<b>Employment Desired:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary			<b>Will you work overtime if asked?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>What days/hours are you available to work?</b>						
Mon	Tue	Wed	Thu	Fri	Sat	Sun
<b>Are you legally eligible for employment in the United States?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Federal law requires proof of identity and employment authorization upon employment.</small>					<b>What date will you be available to begin work?</b>	
<b>Other special training or skills (musical instruments, equipment, languages, etc.)</b>						

School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational / Trade / Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please specify your complete employment history, including self-employment, military service and volunteer work. Begin with your present or most recent employer and continue in reverse chronological order. *You may attach additional sheets of paper.*

<b>1</b>	<b>Name of employer</b>	<b>Telephone</b> (   )
	<b>Address</b>	<b>Employed (State month and year)</b> From                      To
	<b>Job Title</b>	
	<b>Name of Supervisor</b>	<b>How long did you report to him/her?</b>
	<b>Job Title and Description of Your Work</b>	<b>Reason for Leaving</b>

<b>2</b>	<b>Name of employer</b>	<b>Telephone</b> (   )
	<b>Address</b>	<b>Employed (State month and year)</b> From                      To
	<b>Job Title</b>	
	<b>Name of Supervisor</b>	<b>How long did you report to him/her?</b>
	<b>Job Title and Description of Your Work</b>	<b>Reason for Leaving</b>

<b>3</b>	<b>Name of employer</b>	<b>Telephone</b> (   )
	<b>Address</b>	<b>Employed (State month and year)</b> From                      To
	<b>Job Title</b>	
	<b>Name of Supervisor</b>	<b>How long did you report to him/her?</b>
	<b>Job Title and Description of Your Work</b>	<b>Reason for Leaving</b>

<b>4</b>	<b>Name of employer</b>	<b>Telephone</b> (   )
	<b>Address</b>	<b>Employed (State month and year)</b> From                      To
	<b>Job Title</b>	
	<b>Name of Supervisor</b>	<b>How long did you report to him/her?</b>
	<b>Job Title and Description of Your Work</b>	<b>Reason for Leaving</b>

We may contact the employers listed above unless you indicate those you do not want us to contact.	
	Employer Number(s) _____ Reason _____

Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
State names of relatives and friends working for us.
How were you referred to us for employment?
If applying for a specific position, how did you hear about this position? How did you hear about our company?

Professional References				
<i>List names of 3 persons not related to you, whom you have known professionally for at least 2 years.</i>				
Name Known	Address	Tel #/Email	Title/Company	Years
1.				
2.				
3.				

<b>List Membership in Professional or Civic Organizations; completion of any Courses, Seminars and/or Training directly related to the position for which you are applying.</b>

**(You need not disclose any information which may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)**

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the

conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

**THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY. IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.**

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the Company's intent to obtain "consumer reports." I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. This sentence is to see if you read this. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information. If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States. This application is governed by the jurisdiction and venue of federal or state courts located in or around or serving the City of Fairport, County of Monroe, in the State of New York, USA.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**This application for employment is good for 60 days only.  
Consideration for employment after 60 days requires a new application. Please feel free to add  
any additional information below that may be pertinent to this open position.**

