



3990 Ponderosa Way
Las Vegas, NV 89118

APPLICATION FOR EMPLOYMENT

Applicant Name: _____ **Date:** _____

Current Address/ Telephone:
Street Address _____
City _____ State _____ Zip _____
()- -
Telephone # _____

Number of years at Current Address: _____

Previous Address:
Street Address _____
City _____ State _____ Zip _____

Social Security Number: - - _____

Position(s) applied for: _____
Type of work Desired: Full-time Part-time Temporary

Date you will be available to start work _____

How were you referred to us? _____

Name of referral source: _____

Are you able to meet the attendance requirements? Yes No

Do you have any objection to working overtime if necessary? Yes No

Can you travel if required by this position? Yes No

Have you ever applied or been previously employed by our organization? Yes No

If yes, When? _____ Applied Employed

Are you legally eligible for employment to work in this country?
(Please note: proof of employment eligibility will be required upon hire.) Yes No

Have you ever been convicted of a felony?
(A conviction will not necessarily be a bar to employment.) Yes No

If you answered "yes," please describe the nature of the offense, the date of the convictions and the nature of any rehabilitation: _____

Application for Employment, Continued

Employment History

Please provide the following employment information for your past three employers starting with the most recent.

Employer: _____ Position held: _____
 Address: _____ Telephone: ()- -
 Immediate Supervisor and Title: _____
 Dates employed: From: _____ To: _____ Salary: _____
 Essential duties: _____
 Reason for Leaving: _____
 May we contact this employer? Yes No If No, Please state why: _____

Employer: _____ Position held: _____
 Address: _____ Telephone: ()- -
 Immediate Supervisor and Title: _____
 Dates employed: From: _____ To: _____ Salary: _____
 Essential duties: _____
 Reason for Leaving: _____

Employer: _____ Position held: _____
 Address: _____ Telephone: ()- -
 Immediate Supervisor and Title: _____
 Dates employed: From: _____ To: _____ Salary: _____
 Essential duties: _____
 Reason for Leaving: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History.

A. List the last three (3) schools attended & the location, starting with the most recent. **B.** List the number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** List field(s) of study (Major & Minors)

A. Name & Location of School	B. Years	C. Degree	D. Fields of Study

Personal References. List the name of 3 references. Please do not include relatives or employers.

Name:	Telephone number	Years known
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Application for Employment, Continued

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I hereby authorize Purafilter 2000 to contact, obtain, and verify the accuracy of information contained in this application from all-previous employers, educational institutions, and references. I also hereby release from Purafilter 2000 and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information. I understand that Purafilter 2000 may request an investigative consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand that I have a right to make a written request within a reasonable time for disclosure of the name and address of the consumer reporting agency so that I may obtain complete disclosure of the nature and scope of the investigation.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

I understand that Purafilter 2000 is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

I understand that it is the policy of this organization not to discriminate against any applicant or refuse to hire a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions. I certify that all information provided in this application is true, complete and accurate to the best of my knowledge.

Applicant Signature

Date

VOLUNTARY EEO IDENTIFICATION

The information requested on this sheet is for completion of Government reporting on applicants pertaining to factors such as race, sex, and type of position for which an individual applies. The Company believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants because of race, color, sex, religion, national origin, disability, veteran status, age, marital status, or any other protected group status. Self-identification is submitted on a voluntary and confidential basis for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

Name: _____ Date _____
Address: _____ Position(s) Applied For: _____
City/State Zip _____ 1. _____
Phone: _____ 2. _____

Affirmative Action Information

Gender Female Male
Race/Ethnic Data: White (Non-Hispanic) Black (Non-Hispanic) Hispanic
 Asian or Pacific Islander American Indian or Alaskan Native

Veteran/Disabled Classification(s)

Vietnam Era Veteran Special Disabled Veteran Other Veteran: _____
Are you disabled? YES NO If yes, do you need
any accommodations? _____

Explanations of the Categories:

White (Non-Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black (Non-Hispanic): Persons having origins in any of the black racial groups of Africa.

Asian or Pacific Islander: Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian subcontinent including, for example, China, Japan, Korea, the Philippines, Samoa, India, and Pakistan.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

Disabled Individual: Federal regulations define a disabled person as one who: (1) Has a physical or mental impairment which substantially limits one or more of such person's life activities, (2) Has a history of such impairment, OR (3) Is regarded as having such an impairment.

Vietnam Era Veteran: Federal regulations define a veteran of the Vietnam Era as one who: (1) Served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge, OR (2) Was discharged from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975.

Special Disabled Veteran: Federal regulations define a special disabled veteran as one who: (1) Is entitled to compensation under laws administered by the Veterans' Administration for a disability rated 30% or more, OR (2) Was discharged or released from active duty because of a service-connected disability.

Other Veteran: Either a Newly Separated Veteran that has been discharged or released from active duty in the last year or Other Protected Veteran that served in a war/campaign/expedition for which a campaign badge has been authorized.

AN EQUAL OPPORTUNITY EMPLOYER