



# Ray-Tech Infrared Corp.

P.O. Box 1119 • Charlestown, NH 03603 • Phone (800) 884-2072 • FAX: (603) 826-3447

## EMPLOYMENT APPLICATION

Full Name

Date

Address

Mailing

Address

Phone

Email

Are you 18 years or older?

**Yes**

**No**

Are you a US citizen or authorized to work in the US?

**Yes**

**No**

Employment Position  
(Please answer all following questions)

Position Desired

Salary Desired

Are you employed now?

**Yes**

**No**

Date you can start

May we contact your employer?

**Yes**

**No**

Who or what referred you to us?

Education

Did you receive a high school or equivalent diploma?

**Yes**

**No**

Where?

Have you attended or completed any college or trade school?

**Yes**

**No**

Where?

What are your qualifications or skills for this position?

US Military Service?

**Yes**

**No**

Work History				
Date (Month/Year)	Employer (Name/City/State)	Salary	Position	Reason For Leaving
Start End				
Start End				
Start End				
Start End				
Start End				

Which job was your favorite and why? \_\_\_\_\_

References (Please give three)				
Name	City/State	Phone Number	How are you acquainted?	Years acquainted
1)				
2)				
3)				

In case of emergency notify: \_\_\_\_\_

Phone: \_\_\_\_\_

Do you have transportation to work if hired?

**Yes**      **No**

<b>Disclaimer</b>
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I understand that I may be required to take a drug test prior to the employment date if hired.

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 Ray-tech infrared corp. any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to Ray-Tech Infrared Corp.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages, be terminated at any time without prior notice and without cause.

Signature \_\_\_\_\_

Date \_\_\_\_\_