



Application For Employment

Veenstraat 11 - 9502 EZ Stadskanaal - The Netherlands
+31 (0)599 622216 * www.outdoorboilersofeurope.com



We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. **In order for you to be considered for employment, this application must be filled out in its ENTIRETY. Resumes, though certainly welcome, should not be submitted in lieu of information requested below.**

(Please Print)

Application # _____
(For office use only)

Position(s) Applying For:	Today's Date:		
Date Available to Work:	Salary or Hourly Rate Desired:		
Name (Last, First, MI):			
Address:	City:	State:	Zip Code:
Telephone Number(s):	Best Time to Call:		
Social Security Number:	E-Mail Address:		

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO

Have you ever filed an application with us before? YES NO
If yes, give date: _____

Have you ever been employed with us before? YES NO
If yes, give date: _____

Are you currently employed? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigrant Status? *Proof of citizenship or immigration status will be required upon employment.* YES NO

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? YES NO

Can you travel if job requires it? YES NO

Have you ever had any job-related training in the United States military? YES NO

Are you physically or otherwise unable to perform the duties of the job for which you are applying? YES NO

Have you been convicted of a felony within the last 7 years? YES NO
(Conviction will not necessarily disqualify an applicant for employment.)

If YES, please explain: _____

Notice to Applicants
Screening tests for illegal drug use may be required before hiring & during your employment here.

Employment Experience (List the last four employers, beginning with the most recent employer.)

Employer:	Dates Employed:		
Address:	City:	State:	Zip Code:
Telephone Number:	Starting Hourly Rate/Salary:	Ending Hourly Rate/Salary:	
Job Title:	Supervisor:		
Duties:			
Reason for Leaving:			
May we contact this employer?			

Employer:	Dates Employed:		
Address:	City:	State:	Zip Code:
Telephone Number:	Starting Hourly Rate/Salary:	Ending Hourly Rate/Salary:	
Job Title:	Supervisor:		
Duties:			
Reason for Leaving:			
May we contact this employer?			

Employer:	Dates Employed:		
Address:	City:	State:	Zip Code:
Telephone Number:	Starting Hourly Rate/Salary:	Ending Hourly Rate/Salary:	
Job Title:	Supervisor:		
Duties:			
Reason for Leaving:			
May we contact this employer?			

Employer:		Dates Employed:	
Address:		City:	State: Zip Code:
Telephone Number:		Starting Hourly Rate/Salary:	Ending Hourly Rate/Salary:
Job Title:		Supervisor:	
Duties:			
Reason for Leaving:			
May we contact this employer?			

(If you need any additional space, please continue on a separate sheet of paper.)

Education

	High School	Undergraduate College /University	Graduate/Professional
School Name & Location			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study			
Describe any specialized training, apprenticeship, skills & extra – curricular activities.			
Describe any honors you have received.			
State any additional information you feel may be helpful to us in considering your application.			

PLEASE INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE. _____

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD. _____

Skills (Check all that apply)

<input type="checkbox"/> Forklift <input type="checkbox"/> Machinist <input type="checkbox"/> CNC Punch Press <input type="checkbox"/> CNC Press Break <input type="checkbox"/> Spray Painter <input type="checkbox"/> Milling Machine Operator	<input type="checkbox"/> Drill Press Operator <input type="checkbox"/> Welding <input type="checkbox"/> Sheet Metal <input type="checkbox"/> Assembly Work <input type="checkbox"/> CAD-Systems(s) <input type="checkbox"/> Foaming	<input type="checkbox"/> Shorthand/WPM <input type="checkbox"/> Switchboard <input type="checkbox"/> Calculator <input type="checkbox"/> Adding Machine <input type="checkbox"/> Typing/WPM <input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Dictaphone <input type="checkbox"/> Computers (list Programs): <input type="checkbox"/> Credit Card Machine _____ _____ _____
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References *(List three character, professional or business references. No relatives please)*

Name & Address	Phone	Title/Organization

How did you learn about us?

Advertisement Friend Relative Job Fair Walk-In Employment Agency Other _____

Do you know any current employees?

If yes, please list: _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct, unless, such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge, I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Voluntary Survey

(Please Print)

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name		
Address		
City	State	Zip
Social Security No.		

Current Job

Check one: Male Female

Check one of the following: (Ethnic Origin)

<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Black	<input type="checkbox"/> Other	<input type="checkbox"/> Asian/Pacific Islander

Check if any of the following are applicable: Vietnam Era Veteran Disabled Veteran Handicapped

Date of Birth:

Central Boiler, Inc.

AUTHORIZATION TO RELEASE INFORMATION

TO BE SIGNED BY ALL NEW APPLICANTS

I, _____	_____	_____
Last Name	First Name	Middle Name
Current Address		Dates Lived Here
Addresses for the Past Seven Years: (include street, city, state, zip code)		Dates of Residence:
Date of Birth	Other Names Used (including maiden name)	Years Used
Social Security Number	Driver's License #	State

do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **IntelliCorp Records, Inc** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc** for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

**I hereby do _____ do not _____ authorize you to contact *my current* employer for Employment and Reference Verifications (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Central Boiler, Inc. does not authorize **IntelliCorp Records, Inc** to gather information regarding the nature of severity of an individual's disability, status in a protected class, or consumer credit, except to confirm an individual's identity or residency. If such information is obtained by **IntelliCorp Records, Inc** in the course of its search, Central Boiler, Inc. does not authorize **IntelliCorp Records, Inc** to transmit the same. Background information is requested only to confirm an applicant's history of honesty and work place suitability.

Printed Name	Applicant Signature	Date

CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY: If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Report, please check the box. This report may include character and reputation information obtained through personal interviews.