



Garware Fulflex USA Inc.
BRATTLEBORO, VT 05301

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer, and do not discriminate in our hiring or employment practices. All qualified Applicants will receive consideration without regard to race,color,national origin,sex,sexual orientation, age disability, gender identify or expression, military or veteran status, genetic information, religious beliefs or any other class protected by state, federal or local law.

PLEASE PRINT

LAST NAME:	FIRST NAME:	MI:
STREET ADDRESS:	CITY:	STATE: ZIPCODE:
TELEPHONE NUMBER:	ALTERNATE NUMBER:	EMAIL:

Position applying for Desired Shift..... Desired Salary.....

Have you previously been employed by Fulflex Division? Yes No If yes, provide dates of employment.....

How are you referred to us..... Employee? (Provide name).....

Are you willing to travel? Yes No If yes%Are you 18 years of age or older? Yes No

Are you legally eligible for employment in the United States? Yes No (If offered employment you will be required to provide documentation to verify eligibility)

EDUCATION

SCHOOLING	NAME & LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DIPLOMA YES/NO	DEGREE/MAJOR
High School				
College/University				
Other Studies				

Additional Skills/Training (i.e Computer, mechanical etc).....

.....

.....

Garware Fulflex USA Inc., 32 Justin Holden drive, Brattleboro, VT 05301

Customer Service international 802.257.5256 .Customer Service Fax 802.257.5602.U.S.Toll Free 800.283.2500 www.fulflex.com



EMPLOYMENT RECORD (LIST MOST RECENT POSITION FIRST) May we contact employers for references? Yes No

DATES	NAME AND ADDRESS	JOB TITLE	REASON FOR LEAVING
From:			
To:			
From:			
To:			
From:			
To:			
From:			
To:			

Please indicate dates and nature of any period of time within your employment history not accounted for:.....

.....
.....

U.S MILITARY SERVICE

Branch..... Special training Skills.....

PROFESSIONAL LICENSE(S) OR MEMBERSHIP(S)

License Held.....

Other Professional Memberships.....

.....

You need not disclose membership in professional organizations that may reveal information regarding race, color, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other produced status.



PROFESSIONAL REFERENCES (Please list those who can comment on your abilities, past performance and character other than previous supervisor)

NAME	OCCUPATION	EMPLOYER	PHONE NUMBER	YEARS KNOWN

APPLICANT’S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Garware Fulflex USA Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release Garware Fulflex USA Inc. from any / all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omission of facts called for on this application shall be considered sufficient basis for dismissed.

I understand that should an employment offer be extended to me and accepted that I willfully adhere to the policies, rules and regulations of employment of Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or Employer may terminate my employment at any time with or without notice or course.

Date:Signed:.....

**This application for employment is good for 1 year only.
Consideration for employment after 1 year requires a new application**

TO BE ANSWERED ONLY AT THE CONSLUSION OF THE INTERVIEW

Are you able with or without accommodation to perform the essential functions and/or physical demands of the position for which you are applying and which has been described to you? Yes No

Please indicate below functions, if any, you will need an accommodation to perform and explain what type of accommodation(s) you will need.....

.....
Date.....Signed.....



Dear Applicant:

Please be advised that this letter serves to notify you that you will be required to pass a urine drug test, performed at an outside lab, as a final step prior to being hired as an employee of Garware Fulflex USA Inc. of Vermont.

The test screens for: amphetamines, barbiturates, benzodiazepines, cocaine, methadone, methaqualone, morphine, and phencyclidine. Therapeutic levels of prescription drugs tested will not be reported.

Fulflex has these tests conducted solely in the interest of safety for all employees. Due to the nature of our operations – the operation of moving machinery and heavy equipment-we feel that it is critical for your own safety, and also for the safety of fellow employees.

If you have any questions, please contact Fulflex at (802)257-5256 between the hours of 8:00a.m. and 5:00p.m; Monday through Friday.

Please sign and date below to acknowledge receipt and understanding of this notification.

I agree to the Cookie & Privacy Policies

I hereby acknowledge that I have read and understand the above notification.

DATE.....SIGNATURE.....

Please email your application for employment to: hr.fulflex@fulflex.com