

**POLYTECH LLC**

990 Cottonwood Seward NE 68434  
Phone: 402-261-5774  
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Website: www.raaft.com  
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**EMPLOYMENT APPLICATION**



**PERSONAL**

Last Name:		First Name:		MI:	SS#:
Present Address:					
Home Phone:		Mobile Number:		Email:	
Permanent Address, if different from present address:					
If hired can you provide proof that you are legally able to work in the United States? Yes No					
How were you referred to us?					
Advertisement		Employee		Employment Agency	
				Walk-in	
				Other	
Have you ever been convicted of a criminal offense (felony or misdemeanor)? If yes, please state nature of offense(s), date(s), city, state and disposition on a separate sheet of paper. <i>Note: An affirmative answer will not necessarily result in disqualification for employment:</i>					
Yes		No			
List any relatives or friends employed by the Company:				Relationship:	

**EMPLOYMENT**

Position Desired:		Salary Desired:	
What days and hours are you available for work?			
Are you available for overtime?		Yes	No
Are you at least 18 years of age?		Yes	No
When are you available to begin work?			
<i>(Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions)</i>			

**SKILLS**

Are you able to operate a personal computer?		Yes	No	Types of software:	
List other office machines you can operate:					
Specific skills or training: What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for?					

## EDUCATION

Type of School	Name & Location of School	# of years to completed	Graduated		Degree(s) or Diplomas(s)	Major Field(s) of Study
			Yes	No		
High School or Trade School						
Business or Tech. School						
Jr. College and/or University						
Other Training (Explain)						

## EMPLOYMENT HISTORY

**Experience:** Please list your employment history below, beginning with your current or more recent employer. In addition, please indicate any other experience which you believe is relevant to the position for which you are applying (ex., volunteer experience, military service, experience gained over your lifetime). Attach an additional sheet if extra space is needed.

<i>Answer all following questions if you are applying for a professional, licensed or certified position</i>		
<b>Are you licensed/certified for the job you are applying for?</b>	<b>Yes</b>	<b>No</b>
<b>Name of license/certification:</b>		
<b>Issuing state:</b>		
<b>License certification number:</b>		
<b>Has your license/certification ever been revoked or suspended?</b>	<b>Yes</b>	<b>No</b>
<b>If yes, explain:</b>		

## POSITIONS HELD

<b>Company Name:</b>	<b>Dates Employed:</b>	<b>Starting Salary:</b>
	From:                      To:	<b>Ending Salary:</b>
<b>Street Address:</b>	<b>Job Title:</b>	<b>Hours Worked</b>
		From:                      To:
<b>City, State, Zip Code:</b>	<b>Specific Job Duties:</b>	
<b>Telephone:</b>		
<b>Supervisor:</b>		
<b>Is this your current employer?</b> Yes              No	<b>Reason for leaving:</b>	
<b>May we contact this employer?</b> Yes              No	<b>What is the most important skill(s) demonstrated on the job?</b>	

Company Name:	Dates Employed: From:                      To:	Starting Salary: Ending Salary:
Street Address:	Job Title:	Hours Worked From:                      To:
City, State, Zip Code:	Specific Job Duties:	
Telephone:		
Supervisor:		
Is this your current employer? Yes      No	Reason for leaving:	
May we contact this employer? Yes      No	What is the most important skill(s) demonstrated on the job?	
Company Name:	Dates Employed: From:                      To:	Starting Salary: Ending Salary:
Street Address:	Job Title:	Hours Worked From:                      To:
City, State, Zip Code:	Specific Job Duties:	
Telephone:		
Supervisor:		
Is this your current employer? Yes      No	Reason for leaving:	
May we contact this employer? Yes      No	What is the most important skill(s) demonstrated on the job?	

## PERIODS OF UNEMPLOYMENT

Please account for all periods of unemployment within the last 5 years, beginning with your most recent period of unemployment.

Dates Unemployed From:            To:	Reason for Unemployment:
Dates Unemployed From:            To:	Reason for Unemployment:
Dates Unemployed From:            To:	Reason for Unemployment:

## MILITARY SERVICE

Military service?      Yes      No
Branch:
Duty/Specialized Training:

## PROFESSIONAL REFERENCES

Please list at least <b><u>two (2) professional</u></b> references whom are not related to you.		
Name:	Address:	Phone No.
Name:	Address:	Phone No.

# APPLICANT'S STATEMENT

(Initial each numbered item as read)

1. \_\_\_\_\_ The information that I have provided on this application is accurate to the best of my knowledge and may be verified by the Company or its agents.
  
2. \_\_\_\_\_ I understand that PolyTech LLC is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if PolyTech LLC has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination.
  
3. \_\_\_\_\_ I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
  
4. \_\_\_\_\_ I understand and agree that the employment for which I am making application is, and is intern to be, at-will and such employment may be terminated at any time with or without cause, without prior notice, by either myself or PolyTech LLC. There will be no agreement, express or implied between PolyTech LLC and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, signed by an authorized representative of PolyTech LLC.
  
5. \_\_\_\_\_ I have placed my signature in the space provided below only after I have completed the entire application to the best of my ability and have carefully read the foregoing five (5) statements and initialed each one.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature