



EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER

Please Print

IDENTIFICATION

Last Name First Name Middle Initial

Present Street Address Daytime Phone

City State Zip Evening Phone

Permanent Street Address (if other than above) Other Phone

City State Zip

POSITION INFORMATION

Position Desired Position Reference Number Salary Desired
Full Time Part Time Temporary

Referral Source: Advertisement Friend Relative Walk-In Employment Agency Other

ELIGIBILITY

Are You Authorized to Work in the United States? Do You Have a Valid Driver's License (If Applicable to Position)
Yes No Yes No Other (specify)

Are Any Relatives Currently Employed at this Company? Yes No If Yes, Who and Relationship

EMPLOYMENT APPLICATION

EMPLOYMENT HISTORY

Present or Most recent Employer Name Start Date End Date

Address City State Phone

Job Title

Description of Work Responsibilities Reason for Leaving

Supervisor's Name Supervisor's Title May We Contact? Yes No

Employer Name Start Date End Date

Address City State Phone

Job Title

Description of Work Responsibilities Reason for Leaving

Supervisor's Name Supervisor's Title May We Contact? Yes No

Employer Name Start Date End Date

Address City State Phone

Job Title

Description of Work Responsibilities Reason for Leaving

Supervisor's Name Supervisor's Title May We Contact? Yes No

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SPECIAL TRAINING OR QUALIFICATIONS

Describe Specialized Training, Apprenticeships, Skills Which Are Related In Any Way to the Kind of Work You Want To Do

Office Machines Operated

Typing Speed/ Words Per Minute

Software Skills

Professional Organizations, Including Office/s Held

(Omit Union Organizations and those which may indicate Race, Color, National Origin, Age, Religion, Sex, Sexual Orientation, or Gender Identity.)

EDUCATION

High School / Location

Years Completed

Degree Earned? Yes No

College/University or Professional School

Location

Degree / Major

Years Completed

Degree Earned? Yes No

Graduate School

Location

Degree / Major

Years Completed

Degree Earned? Yes No

Job Related Certifications

Certification Earned? Yes No

NON-COMPETE AGREEMENTS

Have You Signed a Non-Compete, Secrecy and/or Invention Agreement in Favor of Any Previous Employer?

Yes No

If Yes, Please List Employer/s

Name

Address

Phone

Business Relationship

PROFESSIONAL/BUSINESS/ACADEMIC REFERENCES

Name

Address

Phone

Business Relationship

Name

Address

Phone

Business Relationship

Name

Address

Phone

Business Relationship

EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER

EQUAL OPPORTUNITY EMPLOYER -- It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment. We are an equal opportunity employer. This means that employment decisions are based on merit and business needs. We do not discriminate on the basis of race, color, religion, national origin, ancestry, gender, sex, gender identity, age, medical condition, sexual orientation, marital status, citizenship, pregnancy, physical or mental disability, genetic characteristics, veteran or any other protected by federal, state or local laws, or on the basis of any perception that an applicant or employee has any of these characteristics or on the basis that an applicant or employee is associated with someone who has or is perceived to have these characteristics.

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APPLICANT'S STATEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the information contained in this application is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview/s may result in a denial of an offer of employment or, if I am hired, immediate discharge whenever it is discovered. Under the Federal Fair Credit Reporting Act of 1970, you may request in writing the disclosure of the nature and scope of the report referred to above, if any.

I authorize the release of any and all information concerning my previous employment, education, and any pertinent information that my prior employers and schools may have, personal or otherwise, and release all parties from liability for any damage that may result from providing the information to the Company.

I understand the statements which may be contained in policies, practices, handbooks and other company material do not create any contracts, express, implied, or guarantee of employment. I understand the Company has the absolute and unconditional right to modify, amend or terminate policies, practices, benefit plans and other Company programs as it sees fit.

In consideration of my employment, I agree to conform to the rules, regulations and policies of the Company and I agree that, if I am hired, my employment will be at-will, meaning it may be terminated at any time, either by me or by the Company, with or without cause. I understand that no representative of the Company, other than the President, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing three (3) paragraphs, and that such agreement must be in writing and signed by the President.

I understand that prior to employment, or from time to time during the course of my employment, I may be required, to the extent permitted by law, to take a physical examination, including drug screen, or similar test or examination, as a condition of hiring or continued employment.

I have read and understand the forgoing (5) paragraphs and have voluntarily agreed to them.

Signature

Date

Print Name



EEO SURVEY – APPLICANT VOLUNTARY SELF-IDENTIFICATION FORM

Emerald Textiles is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Emerald Textiles invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

The information you provide is also **confidential**.

Full Name: _____ Gender: Male Female

- If you wish to self-identify, please complete the survey
- If you choose not to self-identify, please check box

Race and Ethnicity:

_____ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

If you did not check “Hispanic or Latino” above, please select one of the following race/ethnic identifications/

_____ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand, and Vietnam.

_____ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

_____ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five racial/ethnic groups.

Veteran: Yes No As defined under one or more of the following:

- served on active duty for a period of more than 180 days, and any part of which occurred between August 5, 1964 and May 7, 1975 and were discharged or released other than dishonorably; or,
- was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975; or
- who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized (such as The Persian Gulf, El Salvador, Grenada, Lebanon, Panama, Southwest Asia, Haiti, Somalia & Bosnia); or
- one who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of discharge or release from active duty (recently separated veteran).

Signature: _____ Date: _____