

SOTEK, INC. / BELRIX INDUSTRIES

3590 JEFFREY BLVD., BUFFALO, NEW YORK 14219

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

DATE: _____

PERSONAL INFORMATION:

NAME: _____
LAST NAME FIRST NAME MIDDLE SOCIAL SECURITY NUMBER

PERMANENT ADDRESS:

STREET CITY STATE ZIP CODE

() _____
PHONE NUMBER REFERRED BY

EMPLOYMENT DESIRED:

POSITION DATE YOU CAN START SALARY DESIRED

ARE YOU EMPLOYED? IF YES, MAY WE INQUIRE OF
YES _____ NO _____ YOUR PRESENT EMPLOYER? YES _____ NO _____

EVER APPLIED TO THIS COMPANY IF YES,
BEFORE? YES _____ NO _____ WHEN? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO _____
IF YES, PLEASE EXPLAIN _____

EDUCATION

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
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HIGH SCHOOL _____

COLLEGE _____

TRADE, BUSINESS OR
CORRESPONDENCE
SCHOOL _____

GENERAL (Skills or additional training)

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____

FORMER EMPLOYERS

(LIST LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM: _____ TO: _____	_____	_____	_____	_____
FROM: _____ TO: _____	_____	_____	_____	_____
FROM: _____ TO: _____	_____	_____	_____	_____

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____

AUTHORIZATION

"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 AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND THAT THE EMPLOYER OR EMPLOYEE MAY TERMINATE EMPLOYMENT AT ANY TIME.

DATE: _____ SIGNATURE: _____