

EMPLOYMENT APPLICATION

An Equal Opportunity Employer – All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

PERSONAL INFORMATION

Name: DOB:			
Address:			
Email:			
Home Phone: Cell Phone:			
Are you eligible to work in the U.S.? Yes 🗌 No 🗌			
Are you at least 18 years or older? (If no, you may be required to provide authorization to work) Yes 🗌 No 🗌			
Have you ever been terminated from employment or asked to resign by an employer? Yes \Box No \Box			
Have you ever been convicted of a felony? Yes 🗌 No 🗌			
If yes to any above, please provide further details:			
Can you work any shift? Yes 🗌 No 🗌			
Can you work overtime, including weekends? Yes 🗌 No 🗌			
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes \Box No \Box			
EMPLOYMENT DESIRED			
Date you can start: Hourly Rate/Salary desired:			
Position desired:			
Are you currently employed? Yes 🗌 No 🗌 If so, may we inquire of your present employer? Yes 🗌 No 🗌			
REFERRAL SOURCE			
How did you hear about us? Walk-in Advertisement Referral Other			
Have you ever worked for GENERON before? Yes 🗌 No 📋 If yes, explain:			
Do you know anyone who works for GENERON? Yes \square No \square			
If yes, who?			

EDUCATION	Name and location of school	No. of Years Attended	Degree Received	Subjects studied/Major
High School				
College or University				
Trade, Business or Correspondence School				
	′ Include your last seven (7) y d working backwards in time			
From	То	Employer	Name Tele	ephone
Job Title		Address		
Immediate supervisor a title	nd		e the nature of ormed and job Ilities	
Ending salary				
Reason for leaving				
From	То	Employer	Name Tele	ephone
Job Title		Address		
Immediate supervisor a title	nd		e the nature of ormed and job ilities	
Ending salary				
Reason for leaving				

From	То	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Ending salary			
Reason for leaving			
From	То	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Ending salary			
Reason for leaving			
From	То	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Ending salary			
Reason for leaving			

Do you have any special skills, experience and/or training that would enhance your ability to perform the position you applied for? If yes, explain:

Computer skills (please describe):

REFERENCES Give the names of three	persons not related to you, whom you	u have known at least three years.

Name 1	Address, Phone, Email	Company	Years Acquainted
2			
3			

Please read carefully before signing.

GENERON is an equal opportunity employer. GENERON does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status, or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for GENERON to hire me. If I am hired, I understand that either GENERON or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of GENERON has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to GENERON true and complete information on this application. No requested information has been concealed. I authorize GENERON to contact references provided for employment reference checks. If any information I have provided is untrue or I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature:_____

Date: _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.

This Organization Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact DHS and/or the SSA before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants and may not limit or influence the choice of documents you present for use on the Form I-9. To determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo matching tool to match the photograph appearing on some permanent resident cards, employment authorization cards, and U.S. passports with the official U.S. government photograph. E-Verify also checks data from driver's licenses and identification cards issued by some states.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the employment eligibility verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 800-255-7688, 800-237-2515 (TDD) or at www.justice.gov/crt/osc.

E-Verify Works for Everyone

For more information on E-Verify, please contact DHS:

888-897-7781

www.dhs.gov/E-Verify





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Esta organización participa en E-Verify



Este empleador proporcionará a la Administración del Seguro Social (SSA, por sus siglas en inglés) y, de ser necesario, al Departamento de Seguridad Nacional (DHS, por sus siglas en inglés) la información incluida en el Formulario I-9 de todo empleado nuevo con el propósito de confirmar su autorización de trabaio.

IMPORTANTE: Si el gobierno no puede confirmar que usted tiene autorización para trabajar, el empleador debe suministrarle las instrucciones por escrito y darle la oportunidad de ponerse en contacto con DHS oSSA antes de sancionarlo de cualquier forma o finalizar la relación laboral.

Los empleadores no pueden utilizar E-Verify para realizar preselecciones de solicitantes y no pueden limitar ni influenciar la selección de los documentos que usted presente para su inclusión en el Formulario I-9.

Para determinar si los documentos incluidos en el Formulario I-9 son válidos, este empleador utiliza la técnica de comparación fotográfica para comparar la fotografía que aparece en las Tarjetas de Residente Permanente, Tarjetas de Autorización de Empleo y pasaportes de los EE. UU. con la fotografía oficial del gobierno de los EE. UU. Asimismo, E-Verify verifica los datos incluidos en licencias de conducir y tarjetas de identificación emitidas por algunos estados.

Si considera que su empleador ha infringido sus responsabilidades en virtud de este programa o lo ha discriminado durante el proceso de verificación de la elegibilidad de empleo por su origen nacional o estatus de ciudadanía, comuníquese con la Oficina del Consejero Especial llamando al 800-255-7688, 800-237-2515 (para personas con impedimentos auditivos) o visitando www.justice.gov/crt/osc.

E-Verify funciona para todos

Para obtener más información sobre E-Verify, comuníquese con DHS al:

888-897-7781

www.dhs.gov/E-Verify



La ley federal exige a todos los empleadores que verifiquen la identidad y la elegibilidad de empleo de todas las personas contratadas en los Estados Unidos.



E-VERIFY IS A SERVICE OF DHS AND SSA El logotipo y la marca de E-Verify son marcas registradas del Departamento de Seguridad Nacional. Queda estrictamente prohibida la venta comercial de este afiche.