

# APPLICATION FOR EMPLOYMENT

**Applicant:** Please read carefully before you sign this application.  
Application must be completed in full even if attaching a resume.  
Application will be kept in active status for 90 days.



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50 Schoolhouse Road, Somerset, NJ 08873-1289

Ph: 732-564-0400 • Fax: 732-564-9766

Email: hr@cozzoli.com

**ALL APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, DISABILITY, SEXUAL ORIENTATION, OR OTHER CHARACTERISTICS UNRELATED TO A PERSON'S QUALIFICATION.**

Date: \_\_\_\_\_

Referral Source: \_\_\_\_\_

## PERSONAL INFORMATION - Please Print Using Pen

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_

Present Address

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Years at Present Address \_\_\_\_\_

Previous Address

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Years at Previous Address \_\_\_\_\_

Is there any other information we would need about your name, or use of another name, for us to be able to check your work record?

(If Yes, please specify)  YES  NO \_\_\_\_\_

## EMPLOYMENT INFORMATION

Type of Work/Position Desired \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? If No, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question.)

YES  NO \_\_\_\_\_

Date Available for Work \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

Are you legally eligible to be employed in the United States?  YES  NO (Proof of identity and eligibility will be required upon employment.)

Are you 18 years of age or older?  YES  NO If you are under the age of 18, can you supply working papers?  YES  NO

Were you previously employed by Cozzoli Machine Company?  YES  NO

(If Yes, please indicate date from/to and position held) \_\_\_\_\_

List friends or relatives working for Cozzoli Machine Company

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Have you ever been discharged from any employment or asked to resign?  YES  NO

If Yes, please explain: \_\_\_\_\_

## FILL OUT ONLY IF APPLYING FOR A POSITION WHICH REQUIRES A DRIVER'S LICENSE:

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

## EDUCATION

High School	Name City State	Course of Study	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree/Diploma
College	Name City State		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Graduate School	Name City State		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Technical or Other	Name City State		<input type="checkbox"/> YES <input type="checkbox"/> NO	

## PROFESSIONAL CREDENTIALS - LICENSES

(Examples: Professional Engineer License, CPA, etc.)

License	State, Country or Territory	License No.	Years Granted	Remarks (comment on pending licenses)
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## SPECIAL SKILLS

List office or shop machines you can operate:

List all languages other than English that you speak or write fluently:

1. \_\_\_\_\_ Speak \_\_\_\_\_ Write \_\_\_\_\_
2. \_\_\_\_\_ Speak \_\_\_\_\_ Write \_\_\_\_\_
3. \_\_\_\_\_ Speak \_\_\_\_\_ Write \_\_\_\_\_

## ADDITIONAL EXPERIENCE OR QUALIFICATIONS

Please list any other experience, skills, or other qualifications that are relevant to the position for which you are applying.

PLEASE EXCLUDE ANY ORGANIZATIONS OR GROUPS WHICH WOULD INDICATE RACE, COLOR, RELIGION, NATIONAL ORIGIN, GENDER, HANDICAP, OR OTHER PROTECTED STATUS.

## PERSONAL OR BUSINESS REFERENCES - Do Not Include Relatives

Name and Relationship	Address (City, State, Zip Code)	Telephone	Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**EMPLOYMENT HISTORY - Begin With Most Recent**

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From (m/y) - To (m/y)	Company Name and Address (Street, City, State, Zip Code)	Telephone #	Supervisor's Name and Title
			\$                      \$

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Job Title	Type of Business	Reason for Leaving	Starting Salary - Last Salary
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Description of duties (indicate significant responsibilities, accomplishments and contributions):

Explain any Period Between Jobs: \_\_\_\_\_ May We Contact This Employer?  YES  NO

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From (m/y) - To (m/y)	Company Name and Address (Street, City, State, Zip Code)	Telephone #	Supervisor's Name and Title
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***PLEASE READ BEFORE SIGNING***

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT ANY FALSIFICATIONS, MISREPRESENTATIONS OR OMISSIONS OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

I UNDERSTAND THE APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE EMPLOYED.

I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION, INCLUDING BUT NOT LIMITED TO, INQUIRIES RELATED TO MY EDUCATION, RELEVANT LICENSES, PRIOR EMPLOYMENT, CREDIT AND OTHER INFORMATION REQUIRED BY THE COMPANY. I RELEASE FROM ALL LIABILITY ANYONE SUPPLYING SUCH INFORMATION AND I ALSO RELEASE THE EMPLOYER FROM ALL LIABILITY THAT MIGHT RESULT FROM MAKING AN INVESTIGATION.

IF HIRED, I AGREE TO ABIDE BY ALL OF THE COMPANY RULES AND REGULATIONS, AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR ME. I FURTHER UNDERSTAND THAT NO REPRESENTATION, WHETHER ORAL OR WRITTEN BY ANY REPRESENTATIVE OR AGENT OF THE COMPANY, AT ANY TIME, CAN CONSTITUTE A CONTRACT OF EMPLOYMENT.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND HEREBY GRANT PERMISSION TO CONFIRM THE INFORMATION SUPPLIED ON THIS APPLICATION BY ME.

PRINT NAME \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_