

Equal Opportunity is RobotWorx policy. It is our policy to select the best-qualified person for each position in the organization. No employee of the company will discriminate against an applicant for employment or a fellow employee because of race, creed, color, religion, sex, national origin, ancestry, age, or other physical or mental disability. No employee of the company will discriminate against any applicant or fellow employee because of the person's veteran status.

Employment Application Form

Personal Information

Full Name _____ SS # _____ Telephone # _____

Address _____ City, State _____ Zip _____

Employment Desired

Position/s applying for: 1. _____ 2. _____

Date you can begin: _____ Salary Desired _____

Are you currently employed? Yes No

If yes, may we contact employer? Yes No

Employment Sought: Full Time Part Time

Can you, at the time of employment, submit verification of your legal right to work in the United States? Yes No

Have you ever been convicted of a crime or released from jail? Yes No

Do you have anything in the next 90 days keeping you from being at work? Yes No

Do you have a valid Ohio driver's license? Yes No

Do you have a reliable mode of transportation to work? Yes No

Do you smoke on a regular basis? Yes No

Education

High School _____ Location _____ Graduate? Yes No

College _____ Location _____ Graduate? Yes No

Major _____

College _____ Location _____ Graduate? Yes No

Major _____

Trade/Business/Graduate School _____ Location _____

Graduate? Yes No

Major _____

Please Answer

Why are you interested in becoming an employee with RobotWorx? _____

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What are your career goals? _____

Where did you get the information about the position? _____

Employment History — *list most recent first*

Company Name _____ Supervisor _____ Last Position _____

Address _____ Telephone No. _____ Responsibilities _____

City, State, Zip _____ Dates of Employment _____

Reason for Leaving _____

Company Name _____ Supervisor _____ Last Position _____

Address _____ Telephone No. _____ Responsibilities _____

City, State, Zip _____ Dates of Employment _____

Reason for Leaving _____

Company Name _____ Supervisor _____ Last Position _____

Address _____ Telephone No. _____ Responsibilities _____

City, State, Zip _____ Dates of Employment _____

Reason for Leaving _____

Company Name _____ Supervisor _____ Last Position _____

Address _____ Telephone No. _____ Responsibilities _____

City, State, Zip _____ Dates of Employment _____

Reason for Leaving _____

References — list 3 individuals [not related to you] who are familiar with your work-related skills

Name	Name of Company	Company Address	Telephone No.	Years Acquainted