Employme	nt Applicatio	n	ACZ Lal	ooratories, Inc.
Date:			Steamboat Sprir	ngs, CO 80487
Name:			Phone: 970-879- Fax: 815-301-38	
Address:			www.acz.com	
State/Province:				
Zip/Postal Code:				
SS Number:				
Home Phone:				
Cell Phone:				
Emergency Contact		Phone		
Positions Applied for:		- Hone		
Salary Desired:				
When available to begin w	vork?		Hours Available to Wo	ork:
_			Mon	
Are you at least 18 years	of age?		Tues	
Have you ever been disc	harged or requested to resign	from a position?	Wed	
			Thurs	
Are you employed now?			Fri	
If yes, may we contact yo	our present employer?		Sat	
			Sun	
Can you produce docum	to believe that you would have nented proof of your identity ar ard, birth certificate, and/or im	nd eligibility for employme	, ,	.g. driver's
,	enses, have you ever been conv	-	Ono	
Do you have a drivers lice	nse? yes no			
State of issue:				
Have you had any acciden	ts in the past 3 years?	◯ yes ◯ no	How many?	
Do you had any moving vi	olations in the past 3 years?	◯ yes ◯ no	How many?	
Education				
Type of School	Name of School and Com	plete Mailing Address	No. Years Completed	Major or Degree
High School				
College Bus. or Trade School				
Professional School				
Other				

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Previous Employment (list up to 3)

May we contact your employer: yes no

1.	
Name of Employer:	
Name of last supervi	ior:
Dates of employmen	t:
From:	То:
Salary:	
From:	To:
Complete Address:	
Phone #:	
Last job title:	
Reason for Leaving (pe specific):
List the jobs you held	l, duties performed, skills used or learned, advancements, or promotions while you worked at this company:
May we contact your	employer: yes no
2.	
Name of Employer:	
Name of last supervi	sor:
Dates of employmen	t:
From:	То:
Salary:	
From:	То:
Complete Address:	
Phone #:	
Last job title:	
Reason for Leaving (ne specific):
neason for Leaving (ze specific).
List the jobs you held	l, duties performed, skills used or learned, advancements, or promotions while you worked at this company:
James your new	, and a sum to me and a sum to

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Name of Employer: Name of last supervisor: Dates of employment: From:				
Dates of employment: From:				
From:				
From:				
	To:			
Salary:			1	
From:	To:			
Complete Address:				
Phone #:				
Last job title:				
Reason for Leaving (be specifi	c):			
May we contact your employe	er:) yes (no		
Computer: \(\) PC \(\) \(\) \(\)	Лас ○ Both			
computer: OPC ON	Tac OBOU	<u> </u>		
Applications (list all that appl	y):			
Other skills:				
		ther than rel	latives	
Please list 2 refe	ences of	ulei ulali lei		
	ences of	thei than le		
Name	ences of	iller tilali le		
Name Position	rences of	uiei tiiaii iei		
Name Position Company	rences of			
Please list 2 reference Name Position Company Telephone Relationship	rences of			
Name Position Company Telephone	rences of			

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Have you applied	for a job with us before?			
Have you worked	for us before?			
How did you com	e to apply?			
C Employee refe	rral Former Employee	Newspaper Ad	○ High School Recruitment	College Recruitment
○ Walk-in	◯ Indeed Ad	Other		
Job Appli	icant's Agreemen	t and Certif	ication	
information giver discharge. It is employers, all is reputation, and having furnished.	authorize the use of any information references, and any other point of previous employment recent auch information." That nothing contained in the contained	iny way, it shall be formation in this appersons to answer a cord; I release all su	considered sufficient cause oplication to verify my state all questions asked concern ich persons from any liabili oplication or in the granting	e for denial of employment ements, and I authorize past ning my ability, character, ty or damages on account of g of an interview is intended
any benefit. No guarantee is bi	o promises regarding emploinding upon the company o	oyment have been unless made in wri	made to me, and I underst ting. If an employment rela	ment or for the providing of cand that no such promise or ctionship is established, I company retains the same
my becoming	employment, I agree to su employed and/or my conti ob duties in accordance wi	nued employment	are subject to the results o	uested, and I understand of any physical examination
	that if employed, policies, a revise policies or procedur			of employment and that the
	that this application will be reapply in accordance with			completed, after which lime I
Signature Field				

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