



Sotek, Inc. / Belrix Industries
3590 Jeffrey Blvd., Buffalo, NY 14219 * Phone (716) 821-5961

Application for Employment

Date: _____

Personal Information:

Name: _____
Last Name First Name Middle

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address _____

Referred By: _____

Employment Desired:

Position: _____ Date you can start _____ Salary Desired _____

Are you Employed? Yes ___ No ___ If yes, may we contact your present employer? Yes ___ No ___

Ever apply to this company before: Yes ___ No ___ If yes, when? _____

Have you ever been convicted of a felony: Yes ___ No ___

If yes, please explain: _____

Education

Name & Address of school _____	Years attended	Did You Graduate	Subjects Studied
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High School _____

Collage _____

Trade or Business _____

General (Skills or additional training)

U.S Military or Naval Service _____ Rank _____

Employment History

From: _____ Company Name: _____
To: _____ Company Address: _____
Position: _____ Reason for Leaving: _____

From: _____ Company Name: _____
To: _____ Company Address: _____
Position: _____ Reason for Leaving: _____

From: _____ Company Name: _____
To: _____ Company Address: _____
Position: _____ Reason for Leaving: _____

References (please provide 3 names of people whom you have known for 1 year and not related to you)

Name: _____ Relationship: _____
Company Name: _____ Address: _____
Telephone: _____ Years Known: _____

Name: _____ Relationship: _____
Company Name: _____ Address: _____
Telephone: _____ Years Known: _____

Name: _____ Relationship: _____
Company Name: _____ Address: _____
Telephone: _____ Years Known: _____

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 may result from utilization of such information. I also understand that the employer or employee may terminate employment at anytime.

DATE: _____ SIGNATURE: _____

Application will be kept active for a period of 6 months