Brask, Inc.
Design, Manufacture & Repair of
Heat Exchangers and Pressure Vessels
www.braskinc.com

Member of: HTRI TEMA

APPLICATION FOR EMPLOYMENT

Brask, Inc. - Neela is an equal opportunity employer, dedicated to non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with disabilities Act. Applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

Last Name	First Name	M. I.	Today's Date
Current Address	City		State & Zip
If not at current address for 3 years, list previous address. Address	City		State & Zip
Are you 18 years or older? ☐ Yes ☐ No	Home Phone	Cell Phone	
Are you eligible to work in the U.S? ☐ Yes ☐ No	Have you been convicted in the last 7 years? (Will not necessarily exclude you from consideration) ☐ Yes ☐ No		If Yes, Explain.

DESIRED EMPLOYMENT

Position Applied for	Desired Salary	Date Available
Have you ever applied to Brask? ☐ Yes ☐ No	When?	Where?
Have you ever worked for Brask? ☐ Yes ☐ No	When?	Where?
Name of last Supervisor at Brask?	What was your reason for leaving?	
Who referred you to this Company?	☐ Employment Agency ☐ Newspaper Ad ☐ State Employment Office ☐ College Office ☐ Walk-in ☐ Friend - Who? _____ ☐ Other (Please specify) _____ ☐ Indeed ☐ Facebook ☐ LinkedIn	

EDUCATION

High School	Dates Attended	Did you graduate?	Degree
College	Dates Attended	Did you graduate?	Degree
Trade, Business, or Correspondence School	Dates Attended	Did you graduate?	Degree
Special Skills			
Special Training			

MILITARY SERVICE

Branch of Service	From	To
Rank at Discharge	Type of Discharge	
Explain, If other than honorable.		

PAST EMPLOYMENT

Present or Last Employer	Employer Phone	Employment Start Date Mo./Yr.	Employment End Date Mo./Yr.
Employer Address	City	State & Zip	
Job Title	Starting Weekly Salary	Final Weekly Salary	
Supervisor Name & Title	Supervisor Phone	May we Contact? ☐ Yes ☐ No	
Description of Daily Responsibilites			
Reason for Leaving		How much Notice was given?	

Previous Employer	Employer Phone	Employment Start Date Mo./Yr.	Employment End Date Mo./Yr.
Employer Address	City	State & Zip	
Job Title	Starting Weekly Salary	Final Weekly Salary	
Supervisor Name & Title	Supervisor Phone	May we Contact? ☐ Yes ☐ No	
Description of Daily Responsibilites			
Reason for Leaving		How much Notice was given?	

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Job Title	Starting Weekly Salary	Final Weekly Salary	
Supervisor Name & Title	Supervisor Phone	May we Contact? ☐ Yes ☐ No	
Description of Daily Responsibilites			
Reason for Leaving		How much Notice was given?	

REFERENCES

Name	Position	Phone	Years Known
Name	Position	Phone	Years Known
Name	Position	Phone	Years Known

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 also agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time unless it is in writing and signed by an authorized company representative.

Applicant Signature_____ Date_____