



THE FILE ROOM

APPLICATION FOR EMPLOYMENT

We will consider all applicants for employment without regard to race, color, religion, sex, national origin, age, handicap or disability, or status as a Vietnam-era special disabled veteran, in accordance with federal law. In addition, we do comply with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities.

PLEASE PRINT

<i>NAME (LAST)</i>		<i>(FIRST)</i>		<i>(MIDDLE)</i>	
<i>ADDRESS (STREET)</i>			<i>Telephone No.</i>		
<i>(CITY)</i>		<i>(STATE)</i>		<i>(ZIP)</i>	
			<i>Alternate No.</i>		

Social Security # _____/_____/_____

Have you ever applied for a job with this company?

- Yes (If yes, where and when?)
 No

Have you ever worked at this company before?

- Yes (If yes, when and what location?)
 No

Position for which you are applying? _____ Salary expected? _____ Per _____

Other positions for which you would like to be considered?

Are you legally entitled to work in the United States?

- Yes
 No

Are you over the age of 18?

- Yes
 No (If no, state your age) _____

How were you referred to the company?

Can you work overtime?

- Yes
 No

If your application is considered favorably, on what date can you start work? _____

Have you ever been convicted of a crime?

- Yes No

If yes, state the nature of the offense, when, where and disposition _____

A conviction record will not necessarily be a bar to employment. This information will be used only for job related purposes and only to the extent permitted by law.

If the job requires, do you have the appropriate valid driver's license? Yes No

DL # _____ Type _____ State of Issue _____

Have you had any moving violations? Yes No

If yes, please describe: _____

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company _____

SPECIAL SKILLS AND TRAINING

Do you have any other special licenses, training, experience, or skills that are relevant to the job for which you are applying (including obtained while in the military)? Yes No

If so, please list and provide dates and specifics.

TECHNICAL APPLICANTS ONLY

In which of these areas are you most skilled? (circle one) Mechanics Electronics Optics Other

List all machines and equipment you are qualified to repair _____

EMPLOYMENT RECORD (Please list most recent position first)

Dates	Name/Address of Employer	Job title or kind of products sold	Salary	Exact reason for leaving
From:			Starting:	
To:			Ending:	
	Phone:	Supervisor:		May we contact?
From:			Starting:	
To:			Ending:	
	Phone:	Supervisor:		May we contact?

EMPLOYMENT RECORD (cont'd.)

Dates	Name/Address of Employer	Job title or kind of products sold	Salary	Exact reason for leaving
From:			Starting:	
To:			Ending:	
	Phone:	Supervisor:		May we contact?
From:			Starting:	
To:			Ending:	
	Phone:	Supervisor:		May we contact?

EDUCATION

	School Name	Address	# of yrs attended	Degree	Major
<i>High School</i>					
<i>College</i>					
<i>Graduate</i>					
<i>Other</i>					

Courses now studying _____

REFERENCES (Include only individuals familiar with your work ability, do not list relatives)

Name	Address/Phone	Years known/relationship

Comments: _____

PRE-EMPLOYMENT STATEMENT *(Please read and sign the statement below)*

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or other materials, or during any interviews, can be justification for refusal to consider my application further, or, if employed, termination from your employ.
2. Any offer of employment I may receive is contingent upon my successful completion of the company's total pre-employment screening process, including the company's receiving references that it considers satisfactory, and my satisfactory completion of a physical examination that the company may require.
3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening as set forth in your substance abuse policy.
4. In processing my application for employment, the company may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record, and mode of living. I understand that upon written request to the company, I will be informed of whether an investigative consumer report was requested and will be given full information as to the nature and scope of this investigation.
5. I authorize and request that all of my present and former employers furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities and other qualities pertinent to my qualifications for employment, and hereby release them from any and all liability for damages arising from furnishing the requested information.
6. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the company and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the company or myself. I further understand that no manager or representative of the company, other than a President or a Vice President, has any authority to enter into any agreement with me for employment for any specified period or time or to make any agreement different from or contrary to the foregoing, **unless** that designee has been appointed in writing by the President or Vice President. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.

Signature _____

Date _____

FOR OFFICE USE ONLY

Position Title:	Date Employed:
Rate of Pay: Hourly _____ Weekly _____	Job Code:
	Recommended by: Supervisor _____ Date _____ Manager _____
Department:	