

Employment Application

INSTRUCTIONS

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please thoroughly read all statements contained in this Application form.
2. Complete all pages of this form completely and accurately.
3. Print clearly. Incomplete or illegible applications will not be processed.

APPLICANT INFORMATION

Today's Date: _____

Position Applied For: _____

Name: _____
Last *First* *Middle*

Home Phone: _____ Cell Phone: _____

Personal Email: _____

Current Address: _____

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. This application applies only to the position specified.

EEO STATEMENT

We are an Equal Employment Opportunity employer, and do not discriminate in our hiring or employment practices. All qualified applicants will receive consideration without regard to race, color, religion, sex, pregnancy, citizenship, national origin, age, disability, military service, veteran status, genetic information, union membership, creed, marital status, familial status, sexual orientation, status with regards to public assistance, membership in a local human rights commission, or any other category that may be protected by law.

AVAILABILITY

Are you legally authorized to work in the United States? Yes No

Are you under the age of 18? Yes No

Can you provide proof of eligibility to work? Yes No

On what date can you start? _____

What job category would you prefer? Full-time Part-time Temporary On Call/Casual

For what schedules would you be available? Weekdays Weekends Days

Evenings Overtime All Shifts Other _____

EDUCATION

NAME	CITY/STATE	DEGREE EARNED
High School		
College		
Other		

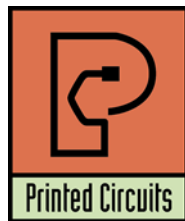
JOB-RELATED SKILLS

Can you perform the requirements of this job with or without reasonable accommodation? Yes No

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

DL# _____ Type _____ State of Issue _____

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 our organization. _____



THE FUTURE OF RIGID FLEX CIRCUITRY

EMPLOYMENT HISTORY

Your application may not be considered unless every question is answered. Since we may contact previous employers, correct telephone numbers are essential.

MO ST REC ENT EM PLO YER	Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Company Name		City	State	Phone Number ()
	From (month/yr) To (month/yr)		Supervisor's Name/Number		
	Dates Employed		\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Annually Pay		
	Job Title				
	Duties				
Reasons for Leaving					
SEC ON D MO ST REC ENT EM PLO YER	Company Name		City	State	Phone Number ()
	From (month/yr) To (month/yr)		Supervisor's Name/Number		
	Dates Employed		\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Annually Pay		
	Job Title				
	Duties				
	Reasons for Leaving				
THI RD MO ST REC ENT EM PLO YER	Company Name		City	State	Phone Number ()
	From (month/yr) To (month/yr)		Supervisor's Name/Number		
	Dates Employed		\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Annually Pay		
	Job Title				
	Duties				
	Reasons for Leaving				

REFERENCES

Include only individuals familiar with your work capabilities. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

CERTIFICATION

I certify the answers given by me to the foregoing questions and any statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts regarding information called for in this application may result in rejection of my application, or discharge at any time during my employment. I also agree that, if company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that if I am hired, my employment shall be "at-will," and that either the Company or I can choose to terminate the employment relationship for any reason, or no reason at all, with or without notice.

AUTHORIZATION

I understand that background, drug, or medical testing may be conducted on me as part of the process to determine my fitness for employment, and hereby agree to submit to such testing. I authorize all persons, schools, companies, medical practitioners, current and/or former employers, and law enforcement authorities to release any information concerning my background or test results, and hereby release any said persons, schools, companies, medical practitioners, current and/or former employers, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

Applicant's Full Name (*please print*) _____

Signed _____ Dated _____