



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

(Application will remain active for 30 days)

Last Name	First Name	M.I.	
Street Address	City	State	Zip Code
Home Phone	Mobile Phone	Email Address	
Position Applying For	Referral Source	DOB (For Office Use – Post Hire)	

Are you at least 18 years of age? Yes No
 Date you are able to start work: _____
 May we contact your current employer? Yes No
 Explain if No:
 Are you on layoff status or subject to recall elsewhere? Yes No
 Pay Expected: \$_____ per _____
 If hired, how long do you plan to continue working for the company?

Do you wish to work: Full-time Part-time
 Temporary

Are you willing and available to work? On call
 Days Evenings Nights
 Overtime Weekends Holidays

Are you legally authorized to work in the U.S.? Yes No
**Employer is an ITAR Registered Contractor and due to ITAR/EAR legislation, candidates must meet the definitions of U.S. Person before gaining access to export sensitive technical data.*

If applying for a job that requires one, do you have a valid driver's license? Yes No
 Do you smoke? Yes No
 Have you previously applied with us? Yes No
 When _____
 Have you previously worked with us? Yes No
 When _____
 Are any of your records under a different name? Yes No
 If so, what name: _____
 Do you have any relatives working for us? Yes No
 If so, who? _____
 Is there any reason you might be unable to meet our attendance requirements? Yes No
 If yes, please explain: _____

Education/Training					
High School:	From:	To:	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:
College:	From:	To:	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:
Other:	From:	To:	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:

Do you have any additional certificates/degrees you would like us to be aware of?

Military Service		
Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

Work Experience		
Company:		Phone:
Address:		Supervisor
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company:		Phone:
Address:		Supervisor
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company:		Phone:
Address:		Supervisor
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company:		Phone:
Address:		Supervisor
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

References: Please list 3 (three) professional references	
Full Name:	Relationship
Company:	Phone:
Address:	
References:	
Full Name:	Relationship
Company:	Phone:
Address:	
References:	
Full Name:	Relationship
Company:	Phone:
Address:	

- As a final step in the hiring process, an applicant may be subject to an employment entrance exam that may include screening for illegal drugs. Applicants who confirm positive on drug screening will not be considered for employment. If a job offer is made, it may be made contingent upon the successful passing of a physical.
- I CERTIFY** that the facts contained in this application are true and complete, and understand that if employed, false, misleading or incomplete statements on this application shall be grounds for immediate dismissal.
- I AUTHORIZE** the company to investigate and verify any information contained in my application or pre-hire interviews, including my previous employment, education and background. I further release all parties from all liability for any damage that may result from furnishing or receiving such information.
- I UNDERSTAND** and agree that my employment and compensation may be terminated at any time without prior notice, with or without reason, at the option of the company or myself, and understand that no representative of the company, other than the President, has authority to enter into any agreement contrary to the foregoing.
- I UNDERSTAND** that all company property must be returned and any indebtedness to the company must be paid on or before my last day of work. I authorize the company to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

Date: _____ Signature of Applicant: _____