



Acceletronics, Inc Employment Application Form

(Please complete all sections)

Applicant Information

Name (Last, First) _____

Home Phone: _____ Cell: _____

Email Address: _____

Street Address: _____

City, State, Zip Code: _____

Best way to contact you: Home Phone Cell Email US mail

Are you eligible to work in the United States? Yes No

Employment Positions

Position(s) applying for: _____

How did you hear about this position?

Job Board. Please specify: (Monster.com, etc) _____

Newspaper, trade magazine. Please specify: _____

Other. Please specify: _____

Days/Hours Available

Monday: Hours Available: from _____ to _____

Tuesday: Hours Available: from _____ to _____

Wednesday: Hours Available: from _____ to _____

Thursday: Hours Available: from _____ to _____

Friday: Hours Available: from _____ to _____

Can you work on the weekends? Yes No

Saturday: (if applicable) Hours Available: from _____ to _____

Sunday: (if applicable) Hours Available: from _____ to _____

6.2.3 F2 Rev B

Are you available for travel?

10% of the time 25% of the time 50% of the time

Other: (specify) _____ Not available for travel

Can you work evenings? Yes No

Do you currently have a valid driver's license? Yes No

If hired, on what date can you start working? ____ / ____ / ____ (MM/DD/YYYY)

Salary desired: \$ ____ (per annum)

Personal Information:

Have you ever applied to or worked for this Company or its related companies? Yes No

If yes, please explain (include date[s]): _____

Do you have any friends, relatives, or acquaintances working for this Company or its related companies? Yes No If yes, state name & relationship: _____

Have you ever served in the Military? Yes No

If yes, did you receive an honorable discharge? Yes No

(Note: A less than honorable discharge does not automatically bar an applicant from employment with Acceletronics; Depending on the nature of the job sought, a new hire may be required to provide a copy of their DD-214)

Have you ever been convicted of a crime? Yes No

If yes, please describe the crime, state nature of the crime(s), when and where convicted and disposition of the case: _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training and Experience

For each level of schooling, please give the school name, the city and state, your major and minor subjects, the degree, and the year it was received.

High School: _____

College or University: _____

Graduate School: _____

Military Services: _____

For Field Service Applicants only:

Are you proficient in the use of hand tools and electronic test equipment including oscilloscopes and multi-meters? Yes No

Are you computer literate in Windows OS and Microsoft Office? Yes No

Can you read, analyze, interpret and follow signal flow on blueprints, schematics and wiring diagrams Yes No

Can you lift 50 pounds over head and work in confined areas? Yes No

Employment History

Are you currently employed? Yes No

If you are currently employed, may we contact your current employer? Yes No

Please describe past and present employment positions. Please account for all periods of unemployment. If you have a resume, please attach one to this Application. **Even if you have attached a résumé, this section must be completed.**

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type/Industry: _____

Address: _____

City, State, Zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? Yes No

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type/Industry: _____

Address: _____

City, State, Zip: _____

6.2.3 F2 Rev B

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? Yes No

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type/Industry: _____

Address: _____

City, State, Zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? Yes No

We Are an Equal Opportunity Employer

Our Company is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the Company.

References

Please list three persons who have knowledge of your work current/recent work performance.

Name: (First, Last): _____

Telephone Number: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Occupation/Title: _____

Years Acquainted: _____

6.2.3 F2 Rev B

Name: (First, Last): _____

Telephone Number: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Occupation/Title: _____

Years Acquainted: _____

Name: (First, Last): _____

Telephone Number: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Occupation/Title: _____

Years Acquainted: _____

Certification

I certify that I have not knowingly withheld any information that might affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure this employment can be grounds for rejection of my application or, if I am employed by this company, can be terms for my immediate termination from the company. _____ (*Initial*)

I understand that if I am hired, I will be an employee “at-will” and thus my employment can be terminated at any time either with or without prior notice, and by either me or the company. _____ (*Initial*)

I permit the company to check and verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons and entities, from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation. _____(*Initial*)

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Applicant's Signature: _____ **Date:** _____

FOR COMPANY USE ONLY:

Received by: _____ **Date:** _____

Interviewer: _____ **Date:** _____