

JOB RELATED SKILLS

Note: Do not fill out any part of this section you believe to be non-job related

- Yes No If the job requires, do you have the appropriate valid drivers license?
 Name on License _____ DL# _____ Type _____ State of Issue _____
- Yes No Have you had any moving violations? Please describe. _____
 Please list any other skills, licenses or certificates that may be job related or that you would feel would be of value to this job or company. _____

Please do not complete the following three (3) questions until you have spoken to Human Resources or the area supervisor.

- Yes No Have you been given a job description or had the requirements of the job explained to you?
- Yes No Do you understand these requirements?
- Yes No Can you perform the requirement of this job with or without reasonable accommodation?
 List languages in which you are fluent. _____

SECURITY

List states and counties of residence for the past seven years. _____

- Yes No Do you have the legal right to be employed in the United States?
- Yes No Have you used any names or social security numbers other than given on previous page? If so, please list in comments below.
- Yes No Have you been convicted of, or served time for a felony in the past seven years? If so please describe in the boxes below. (In accordance with company policy this information will be reviewed for job relatedness and time since last conviction.)

Incident	City/State	Charge
1.		
2.		
3.		

COMMENTS

(ask for additional page if necessary) _____

EDUCATION AND TRAINING

Please circle the highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed on page 1, please enter that name. _____

- Yes No Have you graduated from high school or received a high school equivalency diploma?
 Concentration of Study: _____
 List the name and location (city and state) of the last high school you attended or where you obtained your GED
 high school equivalency: Name _____ City/State: _____

Name	City/State	Graduate?	Degree
Technical/Trade School			
College			
Other			

Special Licenses/Certificates/Clearances which you hold

Type	Issued By	Date Issued	Expiration Date	Number

PREVIOUS EMPLOYERS

Please Note: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, *the correct telephone numbers of past employers are critical.* Ask for a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

MOST RECENT EMPLOYER	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently working for this employer?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, may we contact?
COMPANY NAME _____		Phone Number: _____
		Fax Number: _____
STREET ADDRESS _____	CITY _____	STATE _____
From _____ To _____	JOB TITLE _____	SUPERVISOR NAME _____
DATES EMPLOYED _____		
DUTIES _____		
SALARY _____ PER _____	REASON FOR LEAVING _____	
(HOUR,WEEK,MONTH)		

SECOND MOST RECENT EMPLOYER	<input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact this employer as a reference?
		If No, why? _____
COMPANY NAME _____		Phone Number: _____
		Fax Number: _____
STREET ADDRESS _____	CITY _____	STATE _____
From _____ To _____	JOB TITLE _____	SUPERVISOR NAME _____
DATES EMPLOYED _____		
DUTIES _____		
SALARY _____ PER _____	REASON FOR LEAVING _____	
(HOUR,WEEK,MONTH)		

THIRD MOST RECENT EMPLOYER	<input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact this employer as a reference?
		If No, why? _____
COMPANY NAME _____		Phone Number: _____
		Fax Number: _____
STREET ADDRESS _____	CITY _____	STATE _____
From _____ To _____	JOB TITLE _____	SUPERVISOR NAME _____
DATES EMPLOYED _____		
DUTIES _____		
SALARY _____ PER _____	REASON FOR LEAVING _____	
(HOUR,WEEK,MONTH)		

REFERENCES

Please list three professional references we may contact who have knowledge of your qualifications for this position. Please name persons to whom you are not related and who can attest to your educational and employment experiences.

Name	Position	Work: Home:
Address	City	State/Zipcode
Name	Position	Work: Home:
Address	City	State/Zipcode
Name	Position	Work: Home:
Address	City	State/Zipcode

CERTIFICATION AND RELEASE (Please Read Carefully before Signing and Dating)

The information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

I consent to take and have any doctor, hospital or testing laboratory, conduct drug tests on me prior to my employment or, in the event I become employed by Spectrum Control, Inc., when Spectrum Control, Inc. has reason to believe that such tests are necessary. I agree to sign any authorization necessary for the release to Spectrum Control, Inc. of medical information, including laboratory reports, by any medical person or facility as it relates to results of such drug test. I will hold no person, corporation, or organization liable for any damage which may result from furnishing any information described above.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Spectrum Control, Inc. and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Spectrum Control, Inc. unless made in writing.

Employment at Spectrum Control is voluntarily entered into, and I understand that I am free to resign at will at any time, with or without cause. Similarly, Spectrum Control may terminate the employment relationship at will at any time, with or without cause, so long as there is no violation of applicable federal or state law.

I certify that I have read the applicant note on page 1 of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that deliberate falsification of this information is grounds for refusal to hire or dismissal from employment.

I understand that if employed, policies and rules which are issued are not conditions of employment and that Spectrum Control, Inc. may revise its policies or procedures in whole or in part, at any time.

_____ **I Agree**

_____ **I Disagree**

SIGNATURE

DATE

EQUAL OPPORTUNITY EMPLOYER

Spectrum Control, Inc. is an equal opportunity employer. We will not discriminate in employment based on and individual's race, color, religious creed, ancestry, age, national origin, or disability. A felony conviction record will not necessarily be a ban to employment. Factors such as job relatedness, age and time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account.