



APPLICATION FOR EMPLOYMENT

This application will remain active 90 days

**PERSONAL & CONFIDENTIAL
FOR RESTRICTED USE ONLY**

Full Name: _____

Position for Which Applying: _____

This employer is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, genetic information, disability, veteran status, sexual orientation/gender identity, citizenship status, marital status or any other status protected by law. We assure you that your opportunity for employment with this employer depends solely upon your qualifications.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on the company. Please inform the company's human resources representative if you need assistance completing any forms or to otherwise participate in the application process.

Please answer all questions completely in your handwriting in ink. Resumes are not accepted in lieu of completion of this application. NOTE: This application was designed to use with several types of job positions. Some questions may not be completely applicable to the job position you are seeking; however, we ask that you answer all questions.

I. PERSONAL INFORMATION

Last Name		First	Middle	
Street Address			Email Address	Home Phone ()
City		State	Zip	Cell Phone ()
Have you ever been involuntarily terminated or requested to resign? ☐ Yes ☐ No If "Yes" explain:			If hired, can you provide verification of your legal right to work in the United States? ☐ Yes ☐ No	
Are you at least 18 years of age? ☐ Yes ☐ No		Should the job require driving, do you have a valid driver's license? ☐ Yes ☐ No		
Have you ever worked under a different name? ☐ Yes ☐ No If "Yes" name:				
Are you able to perform the essential functions of the position as listed and described on the posted job description or as demonstrated by the company representative with or without a reasonable accommodation? ☐ Yes ☐ No				

II. EMPLOYMENT INTERESTS

Position Desired	Date Available	Salary Desired
Type of Employment Desired Regular ☐ Full-Time ☐ Temporary ☐ Part-Time ☐	Would you be willing to work overtime? ☐ Yes ☐ No	
How were you referred to our company? ☐ Ad (Where) _____ ☐ Employee Referral (Name) _____ ☐ Agency (Name) _____ ☐ Other (Please specify) _____ ☐ Walk-in		

III. EDUCATION INFORMATION

School Level	Name and Location of School	Course of Study	Did you Graduate?	Certificate/Degree or Diploma
High School			☐ Y ☐ N	
College/University			☐ Y ☐ N	
Postgraduate			☐ Y ☐ N	
Business/Trade Technical			☐ Y ☐ N	

IV. SKILLS - If Applicable for Position for Which You Are Applying

PC Skills (Indicate software used)

Do you have any experience, training, qualifications or other skills that you think make you especially suited for work at this company? (Explain)

V. U.S. MILITARY SERVICE

Branch of Service _____ Highest Rank or
Rating _____

Date of Service (Mo/Yr.)

From _____ To _____ Primary Military Occupation

_____ Circle one: National Guard/Reserve/or Present Military Status

VI. EMPLOYMENT INFORMATION start with current or most recent employer. Account for all time periods including unemployment, self-employment and military service.

Attach separate paper(s), if necessary.

1	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip			
	Job Title	Duties			Reason for leaving		
	Supervisor Name						
2	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip			
	Job Title	Duties			Reason for leaving		
	Supervisor Name						
3	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip			
	Job Title	Duties			Reason for leaving		
	Supervisor Name						
4	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip			
	Job Title	Duties			Reason for leaving		
	Supervisor Name						

Have you ever worked for Tri-Tech Electronics, Inc. before?

☐ No ☐ Yes If yes, when?

In what position?

Supervisor?

List any friends or relatives working for us now or in the past:

Have you ever been convicted of a crime, pled no contest, had adjudication withheld, or been a defendant in a civil action for an intentional tort?

☐ No ☐ Yes If "Yes" list offense, date and disposition of the case (*Convictions will not necessarily disqualify you for the position*):

VII. ACKNOWLEDGMENT

Please read carefully, initial each paragraph, and sign below

Initial	I understand that as a condition of employment I may be required to take a post-offer/pre-employment alcohol/drug test. I further understand that, if management suspects that I am under the influence of drugs or alcohol, I may be required to take a drug/alcohol test. I also understand that I may be required to submit to a random drug/alcohol test during employment.
Initial	I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to work in the United States.
Initial	As a condition of employment, I also agree to sign the Company's Patent Agreement and Disclosure forms as may be required by the company. I also understand that as an employee I am required to abide by all rules and regulations of the company.
Initial	In consideration of my employment, I agree to conform to the rules and regulation of Tri-tech Electronics, Inc. and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the company or myself. I understand that no manager or representative of Tri-Tech Electronics, Inc. other than the president of the company, has any authority to enter into any agreement of employment for any specified period, or to make any agreement contrary to the foregoing.
Initial	I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will result in my dismissal from employment, if discovered later.
Initial	This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days must reapply.

Applicant Signature:

Date: