



Photo-Sonics, Inc.

Application For Employment

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status, or any other legally protected status.

Position(s) Applied For		Date Of Application
How did you hear about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative <input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry <input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address Street		City
State	Zip Code	Telephone Number

The best time to contact you at home is:	AM / PM	
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before? If yes, please give date _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed with us before? If yes, please give date _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any of your friends or relatives, other than spouse, work here?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this county because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date available for work: ____/____/____	What is your desired salary range? _____	
Are you available to work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		
Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Education

	Name and Address of School	Course of Study	Start - End Dates Attended and Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship skills, and extra-curricular activities

Employment Experience

Start with your most present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender; national origin, disabilities, or other protected status.

Employer	Dates Employed	Job Title
Address		Telephone Number
Reason for leaving	Supervisor's Name	

Employer	Dates Employed	Job Title
Address		Telephone Number
Reason for leaving	Supervisor's Name	

Employer	Dates Employed	Job Title
Address		Telephone Number
Reason for leaving	Supervisor's Name	

Employer	Dates Employed	Job Title
Address		Telephone Number
Reason for leaving	Supervisor's Name	

List professional, trade, business, or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

Other Qualifications

Summarize special job related skills and qualifications acquired from employment or other experience

Specialized Skills

<input type="checkbox"/> Microsoft Office	<input type="checkbox"/> Solidworks	Product/ Machinery (Please list)	Other (Please list)
<input type="checkbox"/> Navision	<input type="checkbox"/> Other_____		
<input type="checkbox"/> Data Entry WPM _____			

State any additional information you feel may be helpful to us in considering your application

References

Name	Phone number
Email Address	
Name	Phone Number
Email Address	

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL USE ONLY

Arrange Interview: ☐ Yes ☐ No

Remarks:

Employed: ☐ Yes ☐ No

Date of Employment:

Job Title:

Hourly Rate:

Department: