



SCR Power Control Specialists

1600 Sunshine Drive, Clearwater, FL 33765

Tel (727) 573 – 1900, Fax (727) 573 – 1803

# Application for Employment

Applicants requiring reasonable accommodation for the application and/or interview process should notify a representative of the human resources department. Equal access to programs, services and employment is available to all persons.

Please Print

Positions(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_

LAST FIRST MIDDLE

Address \_\_\_\_\_

STREET CITY STATE ZIP CODE

Telephone # (\_\_\_\_) \_\_\_\_\_ Cell/Beeper/Other Phone # (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Have you ever been employed here before? (circle) Yes No If yes, give dates and positions: \_\_\_\_\_

Are you legally eligible for employment in this country? Yes No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of employment desired: Full-Time Part-Time

Driver's license number if driving is relevant to the job: \_\_\_\_\_ State: \_\_\_\_\_

## EMPLOYMENT HISTORY

Provide the following information for your past four (4) employers, starting with the most recent.

FROM	To	EMPLOYER	TELEPHONE
STARTING JOB TITLE/FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? YES NO LATER			
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ PER FINAL \$ PER	
FROM	To	EMPLOYER	TELEPHONE
STARTING JOB TITLE/FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? YES NO LATER			
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ PER FINAL \$ PER	
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STARTING JOB TITLE/FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	

# **PHASETRONICS**

*SCR Power Control Specialists*

1600 Sunshine Drive, Clearwater, FL 33765  
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MAY WE CONTACT FOR REFERENCE? YES      NO      LATER	
REASON FOR LEAVING	HOURLY RATE/SALARY START \$      PER      FINAL \$      PER

Please explain any gaps in employment: \_\_\_\_\_

Have you ever been terminated or asked to leave any job? If so, please explain. \_\_\_\_\_

Educational Background			
NAME AND LOCATION	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE? YEAR?	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE			MAJOR      DEGREE
OTHER			

References		
NAME	TELEPHONE	NUMBER OF YEARS KNOWN
	(   )	
	(   )	
	(   )	

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. \_\_\_\_\_

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No  
If yes, please describe the type of crime, date of conviction and penalty imposed \_\_\_\_\_

Have you ever been named as a defendant in a civil action for an intentional tort (wrongful act)? Yes No  
If yes, please describe the nature of the tort (wrongful act) and the disposition of the action \_\_\_\_\_

(Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the incident, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.)

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with Phasetronics/Motortronics is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from Phasetronics/Motortronics service whenever it is discovered.



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I expressly authorize, without reservation, Phasetronics/Motortronics, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding Phasetronics/Motortronics, it's agents, employees or representatives for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me. I further acknowledge that Phasetronics is entitled, under Florida Statutes §768.095 to provide truthful information, in good faith, to prospective employers and other third parties. I expressly authorize Phasetronics to release such information.

I understand that Phasetronics/Motortronics does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from Phasetronics/Motortronics and still wish to be considered for employment, it will be necessary to reapply and complete a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice and that Phasetronics/Motortronics reserves the same right to terminate my employment at any time, with or without cause and without prior notice except as is required by law. This application does not constitute an agreement or contract for employment for any specified prior or definite duration. I understand that no supervisor or representative of Phasetronics/Motortronics is authorized to make any assurances to the contrary and that no implied, oral or written agreement contrary to the foregoing express language are valid unless they are in writing and signed by the Phasetronics/Motortronics President or Vice President of Administration.

I also understand that if I am hired, I will be required to provide proof of identify and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

I understand that Phasetronics/Motortronics is a drug free workplace and any offers are contingent upon my passing a drug screen.

**Do not sign until you have read the above applicable statement**

I certify that I have read, fully understand and accept all the terms and conditions of the foregoing applicant statement

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**