

## APPLICATION FOR EMPLOYMENT

Please print clearly

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.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Home phone \_\_\_\_\_ Cell / other \_\_\_\_\_ E-mail \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, dates / positions: \_\_\_\_\_

Legally eligible to work in the U.S.?  Yes  No Date available for work \_\_\_\_\_

Type of employment desired  Full-Time  Part-Time Driver's license # (if driving is job-related) \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

## EMPLOYMENT HISTORY

List your most recent four (4) employers, starting with the most recent.

<b>EMPLOYER 1</b>	EMPLOYER / COMPANY		TELEPHONE	
	ADDRESS (CITY, STATE)			
	FROM (MO / YR)	TO (MO / YR)	STARTING JOB TITLE	FINAL JOB TITLE
	IMMEDIATE SUPERVISOR & TITLE		MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
	REASON FOR LEAVING	STARTING PAY \$ _____ per	FINAL PAY \$ _____ per	
	NATURE OF WORK PERFORMED & JOB RESPONSIBILITIES			

<b>EMPLOYER 2</b>	EMPLOYER / COMPANY		TELEPHONE	
	ADDRESS (CITY, STATE)			
	FROM (MO / YR)	TO (MO / YR)	STARTING JOB TITLE	FINAL JOB TITLE
	IMMEDIATE SUPERVISOR & TITLE		MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
	REASON FOR LEAVING	STARTING PAY \$ _____ per	FINAL PAY \$ _____ per	
	NATURE OF WORK PERFORMED & JOB RESPONSIBILITIES			

**EMPLOYMENT HISTORY (continued)**

<b>EMPLOYER 3</b>	EMPLOYER / COMPANY		TELEPHONE		
	ADDRESS (CITY, STATE)				
	FROM (MO / YR)	TO (MO / YR)	STARTING JOB TITLE	FINAL JOB TITLE	
	IMMEDIATE SUPERVISOR & TITLE		MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
	REASON FOR LEAVING	STARTING PAY \$ _____ per	FINAL PAY \$ _____ per		
	NATURE OF WORK PERFORMED & JOB RESPONSIBILITIES				

<b>EMPLOYER 4</b>	EMPLOYER / COMPANY		TELEPHONE		
	ADDRESS (CITY, STATE)				
	FROM (MO / YR)	TO (MO / YR)	STARTING JOB TITLE	FINAL JOB TITLE	
	IMMEDIATE SUPERVISOR & TITLE		MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
	REASON FOR LEAVING	STARTING PAY \$ _____ per	FINAL PAY \$ _____ per		
	NATURE OF WORK PERFORMED & JOB RESPONSIBILITIES				

Please explain any gaps in employment:

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

**EDUCATIONAL BACKGROUND**

NAME & LOCATION	YEARS COMPLETED	GRADUATE? / YEAR	COURSE OF STUDY / DEGREE
High School			
College			
Other			

**REFERENCES**

NAME	PERSONAL / BUSINESS	WHERE (COMPANY / RELATIONSHIP)	TELEPHONE	YEARS KNOWN	MAY WE CONTACT?
	<input type="checkbox"/> Personal <input type="checkbox"/> Business				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Personal <input type="checkbox"/> Business				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Personal <input type="checkbox"/> Business				<input type="checkbox"/> Yes <input type="checkbox"/> No

## SKILLS, TRAINING, LICENSES & CERTIFICATES

Summarize any training, skills, licenses and/or certificates that qualify you to perform the job for which you are applying.

## BACKGROUND QUESTIONS

Have you ever pled "guilty" or "no contest" to, or been convicted of, a crime?

Yes  No

If yes, please describe:

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Have you ever been named as a defendant in a civil action for an intentional tort (wrongful act)?

Yes  No

If yes, please describe:

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*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.

I expressly authorize, without reservation, Phasetronics/Motortronics, its representatives, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me. I hereby waive any and all rights and claims I may have regarding Phasetronics/Motortronics, its agents, employees or representatives for seeking, gathering and using such information in the employment process. 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, and I expressly authorize Phasetronics to release such information.

I understand that Phasetronics/Motortronics does not unlawfully discriminate in employment and that no question on this application is used to limit or exclude any applicant on a basis prohibited by applicable local, state or federal law. I understand that this application remains current for only 30 days; thereafter I must reapply to be considered for employment.

If 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 required by law. This application is not a contract for employment for any definite duration; no implied, oral or written agreement to the contrary is valid unless in writing and signed by the Phasetronics/Motortronics President or Vice President of Administration.

If hired, I will be required to provide proof of identity and legal authority to work in the United States and to complete an I-9 form. I understand that Phasetronics/Motortronics is a drug-free workplace and that any offer is contingent upon my passing a drug screen.

**Do not sign until you have read the applicant statement above.**

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

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

### Phasetronics, Inc. dba Motortronics is a Drug Free Workplace

*Phasetronics, Inc. dba Motortronics is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, or veteran status.*