

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Please Print

Please Print

Name _____ Date of Application _____
Last First Middle Social Security No. _____

Address _____
Number Street Apt. City State Zip Code

Telephone _____
Home Number Business or Alternate Number

Position(s) Applying For _____

Salary Expected \$ _____ per month Date available for work _____

Type of Employment Desired Full-time Part-time (Specify days and hours) _____
 Temporary (Specify Dates) _____

Maximum Percentage of Overnight Travel would consider: _____ % per Month

How were you referred to us?

- Self
- Referred by employee (name of employee) _____
- Referred by employment agency (name of agency) _____
- Newspaper _____ Other _____

Have you ever been employed by the company before? Yes No

If yes, please complete.

Dates: From: ___ / ___ / ___ To: ___ / ___ / ___
M D Y M D Y

Title: _____ Supervisor: _____

Have you ever been convicted of an offense other than a minor traffic violation? Yes No

(Conviction does not automatically disqualify from employment consideration)

If yes, please explain _____

Have you ever served in the U.S. Military? Yes No

If yes, what branch? _____

Dates of Service: From: ___ / ___ / ___ To: ___ / ___ / ___
M D Y M D Y

Employment Experience

List your current or most recent employer first and indicate a continuous record of employment for the last ten years or from the time you left school. Please add a supplementary sheet if additional space is required.

		Dates		Salary	
Employer	Phone	Start Mo.	Yr.	\$	Per
Complete Address		End Mo.	Yr.	\$	Per
Your Job Title		Name used during employment			
Supervisor's Name/Title		Reason for leaving			
Work Performed		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			

		Dates		Salary	
Employer	Phone	Start Mo.	Yr.	\$	Per
Complete Address		End Mo.	Yr.	\$	Per
Your Job Title		Name used during employment			
Supervisor's Name/Title		Reason for leaving			
Work Performed		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			

		Dates		Salary	
Employer	Phone	Start Mo.	Yr.	\$	Per
Complete Address		End Mo.	Yr.	\$	Per
Your Job Title		Name used during employment			
Supervisor's Name/Title		Reason for leaving			
Work Performed		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			

		Dates		Salary	
Employer	Phone	Start Mo.	Yr.	\$	Per
Complete Address		End Mo.	Yr.	\$	Per
Your Job Title		Name used during employment			
Supervisor's Name/Title		Reason for leaving			
Work Performed		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			

		Dates		Salary	
Employer	Phone	Start Mo.	Yr.	\$	Per
Complete Address		End Mo.	Yr.	\$	Per
Your Job Title		Name used during employment			
Supervisor's Name/Title		Reason for leaving			
Work Performed		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Skills Check Previous Training or Experience Even Though Not Related to Position For Which You Are Applying			
<input type="checkbox"/> Accounting	<input type="checkbox"/> Design	<input type="checkbox"/> Metal Working	<input type="checkbox"/> Typing/Keyboarding
<input type="checkbox"/> Banking/Finance	<input type="checkbox"/> Drafting	<input type="checkbox"/> Payroll	<input type="checkbox"/> _____ WPM
<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Welding
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Fabrication/Assembly	<input type="checkbox"/> Sales	<input type="checkbox"/> Wood Working
<input type="checkbox"/> Computer Skills: _____	<input type="checkbox"/> HVAC	<input type="checkbox"/> Supervision	<input type="checkbox"/> Other

Education

Circle highest grade completed:

1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	+
Grade School or High School												College						

Type	School Name, City, and State	Dates Attended	Did you Graduate?	Certificate or Degree Received	Major Subjects and G.P.A.
High School Last Attended		From _____ To _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> G.E.D.		
College		From _____ To _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> G.E.D.		
College		From _____ To _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> G.E.D.		
Business Or Trade		From _____ To _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> G.E.D.		
Other		From _____ To _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> G.E.D.		

List all current and/or areas of certification (if not indicated above). _____

List any other training, skills, aptitudes and qualifications which you feel are relevant to the type of employment you are seeking.

I certify that answers given herein are true and complete to the best of my knowledge.

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

I understand and agree that my employment with the Company is entered into voluntarily and that I may resign at any time. Similarly, my employment may be terminated for any reason and at any time without previous notice.

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 Company.

Signature of Applicant _____ **Date** _____

For Advanced Power Technologies, Inc's Use Only (to be filled in if applicant is hired)		
Position Title _____	Salary _____	
Employment Date _____		
Approval _____	Date _____	
In case of an emergency, contact: _____		
Name	Relationship	Phone number

4-1-2000