



# APPLICATION FOR EMPLOYMENT

Page 1 of 5

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(Please Print)

Position(s) Applied For:	Date of Application:
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How did you learn about us?

Advertisement     Friend     Walk-In  
 Employment Agency     Relative     Other: \_\_\_\_\_

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip
Telephone Number(s)	Social Security Number				

If you are less than 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with Advanced Honeycomb Technologies Corporation before?  Yes  No  
If Yes, give date: \_\_\_\_\_

Have you ever been employed with Advanced Honeycomb Technologies Corporation?  Yes  No  
If Yes, give date: \_\_\_\_\_

Are you currently employed?  Yes  No

Do you have a valid California Drivers License & Social Security Card?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment*

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full-time     Part-time     Shift work     Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No  
*Conviction will not necessarily disqualify an applicant from employment.*  
If Yes, please explain: \_\_\_\_\_



# APPLICATION FOR EMPLOYMENT

Page 2 of 5

## Employment Experience

Start with your 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, handicap or other protected status.

1.	Employer	Dates Employed		<b>Work Performed</b>
		From	To	
	Address			
	Telephone Number(s)	Hrly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		<b>Work Performed</b>
		From	To	
	Address			
	Telephone Number(s)	Hrly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		<b>Work Performed</b>
		From	To	
	Address			
	Telephone Number(s)	Hrly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		<b>Work Performed</b>
		From	To	
	Address			
	Telephone Number(s)	Hrly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

### Special Skills and Qualifications

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

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# APPLICATION FOR EMPLOYMENT

Page 3 of 5

## Education

	Elementary School					High School				Undergraduate College or University				Graduate / Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read and/or write

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

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## References

Give name, address and telephone number of three references that are not related to you and are not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you ever had any job-related training in the United States military?  Yes  No

If yes, please describe: \_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying?  Yes  No



# APPLICATION FOR EMPLOYMENT

Page 4 of 5

## Applicant's Statement

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

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 period 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 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 an authorized executive of this organization specifically acknowledges such change in writing.

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 DEPARTMENT USE ONLY

Arrange Interview:  Yes  No

Remarks: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

Employed:  Yes  No      Date of Employment: \_\_\_\_\_      Hourly Rate/Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_      Department: \_\_\_\_\_

By: \_\_\_\_\_

Name and Title

\_\_\_\_\_  
Date

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# APPLICATION FOR EMPLOYMENT

Page 5 of 5

## Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

## VOLUNTARY SURVEY

(Please Print)

Date: \_\_\_\_\_

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name		
Address		
City	State	Zip
Social Security No.		

✓ Complete Only The Sections Below That Have Been Checked	
	Current Job
Check One:	<input type="checkbox"/> Male <input type="checkbox"/> Female      Birth date::
Check One of the Following (Ethnic Origin)	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> African American <input type="checkbox"/> Other <input type="checkbox"/> Asian / Pacific Islander
Check if Any of the Following Are Applicable	<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicap Individual

**FOR POST HIRE USE ONLY**