

Employment Application



Date:

Full Name:

Street Address:

City:

State: Zip Code:

Social Security #:

Home Phone:

Cell Phone:

Position(s) Applied for:

Salary Desired:

APSM Systems
2140 W. Pinnacle Peak Rd.
Phoenix, AZ
85027-1211

Toll Free: (800) 443-7039
Phone: (623) 516-3700
Fax: (623) 516-3701
www.apsmystems.com

Fax To Human Resources Dept.:
(623) 516-3318

NOTE: PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED IF EMPLOYED

Referral Source:

Walk-In Employment Agency (Name)

Advertisement Friend (Name)

Relative (Name)

Have you ever been employed here before? yes no If YES, when?

Reason for leaving?

Have you filed an application here before? yes no Are you under 18 years old? yes no

Are you employed now? yes no Are you available to work? yes no

May we contact your employer for references? yes no Are you on layoff and subject to recall? yes no

Can you travel if the job requires it? yes no

Have you ever been convicted of a *felony? yes no (*Conviction will not necessarily disqualify from employment)

*If YES, please explain:

Are you available to work ... Full-Time Part-Time Temporary

For which shifts are you available? Day (1st) Night (2nd)

Date available to start work:

Emergency Contact:

Name: Relationship:

Address:

City: State: Zip:

Telephone:

Special Skills & Qualifications

- Typing (Speed)
- 10-Key By Touch By Sight
- Switchboard
- Forklift
- Shorthand (Speed)
- Dictating Equipment
- Teaching / Training
- Programming / Layout
- Computer Skills
 - MS Word MS Excel
 - PowerPoint Outlook
 - Crystal Reports
 - Global Shop

Other:

Manufacturing Equipment / Electro Mechanical Assembly Skills

Operation:

- Shear Set-Up Run
- Turret Set-Up Run
- Brake / Forming Set-Up Run
- Spotweld Set-Up Run
- TIG Welding Set-Up Run
- Hardware Press Set-Up Run
- Machining Set-Up Run
- Painting Set-Up Run
- Silk Screening Set-Up Run

Electronic Skills:

- Wave Solder Set-Up Run
- Touch Up Set-Up Run
- Solder Set-Up Run
- Cable & Harness Set-Up Run
- Mechanical Sub Assembly Set-Up Run
- Shipping & Loading Set-Up Run
- Machining Set-Up Run
- Test / Bench Set-Up Run
- Surface Mount (*See Below) Set-Up Run

* Type of machine used:

Quality Control Skills

- In-Process Inspection on PCB
- Final Inspection on PCB
- Harness Inspection
- Mechanical Inspection

Additional Skills or Qualifications

Summarize any special skills and qualifications acquired from employment or other experience:

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

(You may exclude those which indicate race, color, religion, national origin or disability.)

References

Give three (3) references who are not related to you and who are not previous employers:

Name:		Relationship:		Phone:	
Name:		Relationship:		Phone:	
Name:		Relationship:		Phone:	

Education

School Names and Locations:

Elementary

List Names & Locations
(one school per line)

Years Completed: 4 5 6 7 8

Diploma/Degree

Describe Course of Study

College / University

List Names & Locations
(one school per line)

Years Completed: 1 2 3 4

Diploma/Degree

Describe Course of Study

High School

List Names & Locations
(one school per line)

Years Completed: 9 10 11 12

Diploma/Degree

Describe Course of Study

Graduate / Prof.

List Names & Locations
(one school per line)

Years Completed: 1 2 3 4

Diploma/Degree

Describe Course of Study

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

Honors Received

Employment Experience

This section must be **completed in full** so that we may properly evaluate your qualifications. Start with your present or most recent job and account for all gaps in employment. **NOTE:** If applying for a **DRIVING POSITION**, please also complete the "Driver Experience and Qualifications" section on Pg 5.

1. Employer

Telephone				Supervisor			
Address							
City			State		Zip		Country
Dates Employed:	From (M/Y)		Hourly Rate / Salary:	Starting			
	To (M/Y)			Final			
Job Title							
Work Performed (Job Description)							
Reason for Leaving							

2. Employer

Telephone				Supervisor			
Address							
City			State		Zip		Country
Dates Employed:	From (M/Y)		Hourly Rate / Salary:	Starting			
	To (M/Y)			Final			
Job Title							
Work Performed (Job Description)							
Reason for Leaving							

3. Employer

Telephone				Supervisor			
Address							
City			State		Zip		Country
Dates Employed:	From (M/Y)		Hourly Rate / Salary:	Starting			
	To (M/Y)			Final			
Job Title							
Work Performed (Job Description)							
Reason for Leaving							

4. Employer

Telephone	Supervisor	
Address		
City	State	Zip
Dates Employed: From (M/Y)		Hourly Rate / Salary: Starting
To (M/Y)		Final
Job Title		
Work Performed (Job Description)		
Reason for Leaving		

Driver Experience and Qualifications

THIS SECTION PERTAINS TO DRIVING JOBS ONLY. If applying for a DRIVING POSITION, please complete the following information below.

NON-DRIVING-JOB APPLICANTS: Please skip to page 8.

If the job requires it, do you have a valid driver's license? yes no State:

If the job requires it, have you had more than two (2) traffic violations in the past three (3) years? yes no

If the job requires a CDL License, do you have a CDL "B" License? yes no Date of Birth

Were you subject to the FMCSR while employed? yes no

Was your job designated as a safety-sensitive function in any DOT-Regulated mode, subject to the drug and alcohol testing requirements of 40 CFR Part 40? yes no

Has your license, permit or privilege to operate a motor vehicle ever been denied, revoked or suspended? *yes no

*If YES, please describe all facts and circumstances:

Please list the State, driver's license number or permit number and expiration date of each unexpired commercial driver's license or permit issued to you:

State: CDL / Permit #:

Please list all motor vehicle accidents in which you were involved during the past three years:

1. Date of Accident: No. of Fatalities:

Description of Accident:

Did you receive a citation? yes no

If YES, please explain:

2. Date of Accident: No. of Fatalities:

Description of Accident:

Did you receive a citation? yes no

If YES, please explain:

3. Date of Accident: No. of Fatalities:

Description of Accident:

Did you receive a citation? yes no

If YES, please explain:

Check Applicable:

<u>Class of Equipment:</u>	<u>Type of Equipment:</u>	<u>Miles: Approx. Total</u>
Straight Truck	<input type="radio"/> yes <input type="radio"/> no <input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Dump <input type="checkbox"/> Refer	Dates From M/Y to M/Y: From: <input type="text"/> To: <input type="text"/> Miles <input type="text"/>
Tractor and Semi-Trailer	<input type="radio"/> yes <input type="radio"/> no <input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Dump <input type="checkbox"/> Refer	Dates From M/Y to M/Y: From: <input type="text"/> To: <input type="text"/> Miles <input type="text"/>
Tractor: Two Trailers	<input type="radio"/> yes <input type="radio"/> no <input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Dump <input type="checkbox"/> Refer	Dates From M/Y to M/Y: From: <input type="text"/> To: <input type="text"/> Miles <input type="text"/>
Tractor: Three Trailers	<input type="radio"/> yes <input type="radio"/> no <input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Dump <input type="checkbox"/> Refer	Dates From M/Y to M/Y: From: <input type="text"/> To: <input type="text"/> Miles <input type="text"/>
Motorcoach: School Bus 8 + Passengers	<input type="radio"/> yes <input type="radio"/> no	Dates From M/Y to M/Y: From: <input type="text"/> To: <input type="text"/> Miles <input type="text"/>
Motorcoach: School Bus 15 + Passengers	<input type="radio"/> yes <input type="radio"/> no	Dates From M/Y to M/Y: From: <input type="text"/> To: <input type="text"/> Miles <input type="text"/>

Other:

List States operated in for last 5 years:

List safe driving awards, and from whom:

Driving Experience and Qualifications: Other

Show any trucking, transportation, or other experience that may help in your work for APSM Systems:

List courses and training other than shown elsewhere in this application:

List special equipment or technical materials you can work with (other than those already shown):

Please proceed to the *Signature, and Applicant Data Record* - Pg: 8

Thank you.

APPLICANTS: PLEASE READ CAREFULLY

I hereby certify that the facts in the above application are true and correct. Unless otherwise indicated above, you are hereby authorized to contact my former employers for information concerning my employment, ability and experience.

I understand that employment at APSM Systems is not for a definite term and may be terminated by the company or the employee at any time, without cause and without notice.

I agree to submit to a drug test prior to employment and at any time during my employment with APSM Systems. I understand that any job offer is conditioned upon the results of my drug test, and that no final hiring decision will be made by the company until after it has been notified of the results of my drug test. Applicants are required to pay for the drug test fee upon hire and will be reimbursed after completing a 90-day introductory period.

Signature of Applicant: _____

Today's Date:

FOR OFFICE USE ONLY

Today's Date:

Position/s applied for is/are open: Yes No

Position/s considered for: _____

Position/s hired for: _____

Shift: _____ Department: _____ Job Code: _____

Base Wage: _____ Shift Prem: _____ Hourly Wage: _____

Sent for drug screen? Yes No Paychex: _____ Payroll #: _____

Result: Pos Neg Time: _____ Clock #: _____

Orientation Date: Global Shop: _____ Smock Dep: _____

Start Date: Training: _____ Glasses: _____

Notes:

APPLICANT DATA RECORD

All applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, disability or other legally protected status.

As an employer, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment. This information will not be used in any hiring decision.

PLEASE PRINT CLEARLY

Today's Date: Position Applied For:

Referral Source: Advertisement Friend Relative Walk-In Employment Agency

Your Name: *Last, Initial/s, First*

Address:

City: State: Zip:

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. The data is for analysis and affirmative action only. *Completion of information is voluntary.*

Check one: Male Female

Check one of the following race/ethnic groups:

Caucasian African American American Indian / Alaskan Native Hispanic Asian / Pacific Islander

Check if any of the following apply:

Vietnam Era Veteran Disabled Veteran Person with Disability