Application for Employment



Please Print

PCB* is an Equal Opportunity Employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the Human Resources Department.

	First Middle
Address Street City	State Zip Code
Telephone # () Cellular/Other Phone # ()	
Position(s) applied for	Date of Application
Referral Source (Please check the appropriate category and name	
	□ Recruiter/Staffing Agency
• •	_ Chool
☐ Government Employment Agency	_ □ Walk-in
☐ Internet	
Type of employment desired: Full Time Part Time	Will you relocate if job requires it? ☐ Yes ☐ No
☐ Educational Co-Op ☐ Seasonal ☐ Temporary Date available for work//	Will you travel if job requires it? ☐ Yes ☐ No
What days are you available to work? ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday	Driver's license number required if driving may be required in the job for which you are applying:
What shift(s) are you available to work? ☐ 1st ☐ 2nd ☐ 3rd	State
Will you work overtime if required? ☐ Yes ☐ No If no, please explain	Have you ever been bonded? Yes No No No Answering "yes" to the following questions does not constitute an automatic bar to employ ment. Factors such as date of offense, seriousness, and nature of the violation, rehabilitation and position applied for will be taken into account.
Have you submitted an application here before? ☐ Yes ☐ No If yes, give date(s) and position(s)	Have you ever pled guilty to or been convicted of a felony?
Have you been employed here before? _ Yes _ No If yes, give dates From: / / To /	description of the nature of the offense
Are you legally eligible for employment in this country? ☐ Yes ☐ No If yes, proof is required if hired.	Have you ever pled guilty to or been convicted
If you are under 18 and it is required, can you furnish a work permit?	of a misdemeanor?
May we contact you at work?	

Employment History			
Starting with your most recent employer, please provide the following information.			
Employer		Telephone #	
Street Address	City		State
Starting job title / final job title	Dates Employed:	Month/Year	to Month/Year
Immediate supervisor and title (for most recent position held)		May we d	contact for reference?
Why did you leave?			
Summarize the type of work performed and job responsibilities.			
What did you like most about your position?			
What were the things you liked least about the position?			
Employer		Telephone #	
Street Address	City		State
Starting job title / final job title	Dates Employed:	Month/Year	to Month/Year
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Employer		Telephone #	
Street Address	City		State
Starting job title / final job title	Dates Employed:	Month/Year	to Month/Year
Immediate supervisor and title (for most recent position held)		May we d	contact for reference?
Why did you leave?			
Summarize the type of work performed and job responsibilities.			
What did you like most about your position?			
What were the things you liked least about the position?			

Employment History (continued)						
Explain any gaps in your employment, other	than those due to perso	onal illness, injury o	r disability			
If not addressed on previous page, have you	ever been fired or asked	d to resign from a jo	ob?		☐ Yes	□ N
If yes, please explain						
Skills and Qualifications						
Summarize any special training, skills, licens	ses and/or certificates th	nat may assist you in	n performing the position	for which you	are applyin	ıg.
Computer Skills (Check appropriate boxes.	Include software titles	and years of experie	ence.)			
☐ Word Processing:	Years:	Internet:_			Years	.:
☐ Spreadsheet:	Years:				Years	
☐ Presentation:	Years:				Years	.:
☐ E-mail:	Years:	Other:			Years	,:
Educational Background						
Starting with your most recent school attended	ed, provide the following					
School (include City &	State)	Years Completed	Completed	GPA Class Rank	Major/M	inor
			☐ Diploma ☐GED ☐ Degree ☐ Certification ☐ Other	_		
			□ Diploma □GED □ Degree			
			☐ Certification ☐ Other			
			□ Diploma □GED □ Degree □ Certification			
			☐ Other ☐ Diploma ☐GED			
			☐ Degree ☐ Certification ☐ Other			
References		, 				
List name and telephone number of three bus	siness/work references	who are not related	to you and are not previous	us supervisors.	. If not app	licable,
list three school or personal references who a	are not related to you.					
Name	Title	Relationship	o to You Tele	ephone		ber of Known

Related Information

To what job-related organizations (professional, trade, etc.) do you belong? Exclude any memberships that would reveal, race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

		Organization	Offices Held		
	that would reve	ts, publications, awards, etc. al, race, color, religion, sex, national origin, citizenship, age,	mental or physical disabilities, veteran/reserve national guard or any other		
In your current	or prior job,	have you ever written instructions or direction	s to be followed by employees or customers?		
☐ Yes	□ No	☐ Non Applicable			
If yes, pleas	e explain:_				
	er job relate	d information you want us to know about you?			
Applicant State		vided in order to apply for and secure work with this employer is tr	ue complete and correct		
I expressly authorize v public agencies, licens by waive any and all r	vithout reservation sing authorities arrights and claims	n, the employer, its representatives, employees or agents to contact deducational institutions and to otherwise verify the accuracy of a	and obtain information from all references (personal and professional), employers, ll information provided by me in this application, resume or job interview. I heresentatives, for seeking, gathering and using truthful and non-defamatory informa-		
		t unlawfully discriminate in employment and no question on this ap prohibited by applicable local, state or federal law.	plication is used for the purpose of limiting or eliminating any applicant from con-		
I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.					
If I am hired, I unders at any time, with or w specified period or det	tand that I am fre ithout cause and finite duration. I	e to resign at any time, with or without cause and with or without pwith or without prior notice, except as may be required by law. Th	prior notice, and the employer reserves the same right to terminate my employment is application does not constitute an agreement or contract for employment for any authorized to make any assurances to the contrary and that no implied oral or writing the employer's president.		
I also understand that if I am hired, I will be required to provide proof of identity and legal authorization 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 any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.					
DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.					
I certify that I have	ve read, fully	understand and accept all terms of the foregoing Ap	plicant Statement.		
Signature of App	licant:		Date: /		

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Salary History



Please Print

Applicant Name:			Date:
Starting with your most recent employ		pensation History	
Employer:	Com	pensation history	
Starting Compensation: \$	per	Final Compensation: \$	per
Starting Compensation: \$\psi\$	реі 	Tillal Compensation: \$\psi\$	μeι
	Com	pensation History	
Employer:			
Starting Compensation: \$	per	Final Compensation: \$	per
	Com	pensation History	
Employer:			
Starting Compensation: \$	per	Final Compensation: \$	per
	Com	pensation History	
Employer:			
Starting Compensation: \$	per	Final Compensation: \$	per
My desired salary range or hourly rate	of pay is: \$	pe	er