Application for Employment



Please Print

 PCB^{\circledast} 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.

Name _{Last}	First Middle
$ Address \xrightarrow{Street} $	State Zip Code
	E-mail Address
Position(s) applied for	Date of Application
Referral Source (Please check the appropriate category and name	the source) □ Job Fair
☐ Company's Website	□ Recruiter/Staffing Agency
□ Employee	□ School
☐ Government Employment Agency	🗆 Walk-in
☐ Internet	🗆 Other
□ Educational Co-Op □ Seasonal □ Temporary Date available for work	in this country? ☐ Yes ☐ No If yes, proof is required if hired. If you are under 18 and it is required, can you furnish a work permit? ☐ Yes ☐ No If no, please explain
What shift are you available to work? ☐ 1st ☐ 2nd ☐ 3rd	May we contact you at work? ☐ Yes ☐ No If yes, work number and best time to call:
Will you work overtime if required? ☐ Yes ☐ No If no, please explain	() : Selec Will you relocate if job requires it? □ Yes □ No
Have you submitted an application here before?□ Yes □ No If yes, give date(s) and position(s)	Will you travel if job requires it? ── ☐ Yes ☐ No If no, please explain
Have you been employed here before? Property Yes No If yes, give dates From: / / To/ /	Driver's license number required if driving may be required in the job for which you are applying: State

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 o	contact fo	or 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 o	contact fo	or 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?				

Explain any gaps in your employment, other than	those due to perso	onal illness, injury o	or disability			
If not addressed on previous page, have you ever	been fired or aske	d to resign from a jo	ob?		☐ Yes	□ No
If yes, please explain						
Summarize any special training, skills, licenses ar	nd/or certificates th	nat may assist you in	n performing the positio	n for which you	are applyir	ng.
Computer Skills (Check appropriate boxes. Inclu	ide software titles	and years of experie	ence.)			
☐ Word Processing:	Years:	Internet:_			Years	:
□ Spreadsheet:	Years:	Other:			Years	:
☐ Presentation:	Years:				Years	:
□ E-mail:	Years:	Other:			Years	:
Educational Background						
Starting with your most recent school attended, pr	rovide the following			004		
School (include City & State	e) 	Years Completed	Completed Diploma GED Degree Certification Other	GPA Class Rank	Major/M	inor
			☐ Diploma ☐GED ☐ Degree ☐ Certification ☐ Other ☐ Other ☐ Degree ☐ Other ☐ Degree ☐			
			☐ Diploma ☐GED ☐ Degree ☐ Certification ☐ Other ☐ Other ☐ Degree ☐ Other ☐ Degree ☐			
			□ Diploma □GED □ Degree □ Certification □ Other			
References			·			
List name and telephone number of three business list three school or personal references who are no		who are not related	to you and are not previ	ous supervisors.	. If not app	ncable,
Name	Title	Relationship	to You Te	elephone		ber of Known

Salary History



Please Print

Applicant Name:			Date:		
Starting with your most recent employer, please provide the following information.					
	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		
	Compensation History				
Employer:					
Starting Compensation: \$	per	Final Compensation: \$	per		
My desired salary range or hourly rate	of pay is: \$	pe	r		

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				
List special accomplishments, publications, awards, etc. Exclude information 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.					
In your current or prior job, have you ever written instructions or direction	as to be followed by employees or customers?				
☐ Yes ☐ No ☐ Non Applicable					
If yes, please explain:					
Is there any other job-related information you want us to know about you?					
Applicant Statement					
I certify that all information I have provided in order to apply for and secure work with this employer is tr	ue, complete and correct.				
I expressly authorize without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, it's agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.					
I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.					
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 understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by 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.					
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 read, fully understand and accept all terms of the foregoing Applicant Statement.					
Signature of Applicant:	Date:/				

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