

APPLICATION FOR EMPLOYMENT AT UNION ELECTRONICS

We are an equal opportunity employer. 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.

P E R S O N A L	Last Name		First	Middle Initial	Date
	Street Address				Home Telephone
	City, State, Zip				Mobile, beeper, other telephone
	If you are under 18 years of age, can you provide proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No				Social Security Number
	Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>(Proof of citizenship or immigration status will be required upon employment.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you currently on "lay-off" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Position Desired				Pay Expected \$ _____ Per
	Type of Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary <input type="checkbox"/> Any				When will you be available to begin work?
	Are you able to meet the attendance requirements of the position applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have dependable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	How did you learn of this opening? <input type="checkbox"/> Advertisement <input type="checkbox"/> Other <input type="checkbox"/> Relative		Will you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No

Information requested in this section is needed for a legally permissible reason, including without limitation, national security considerations, a legitimate occupational qualification or business necessity.

Have you ever been convicted of a crime in the past seven years? Yes No If "Yes", please explain:
(Conviction will not necessarily be a bar to employment but will be considered in relation to the position for which you are applying.)

State names of relatives and friends working for us, other than your spouse.

Have you physical or mental deficiencies which preclude you from performing certain jobs? Yes No If "Yes", please explain:

Do you have any physical or mental condition which might limit your ability to perform the job you are applying for? Yes No
If "Yes", describe this condition and how you can perform the job in spite of it:

Have you had a major illness that prevented you from performing the job for which you were hired in the past 5 years? Yes No
If "Yes", please explain:

Warehouse positions may require that you lift up to 75 pounds. Will this be a problem? Yes No If "Yes", please explain:

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

In case of emergency, notify: Name _____ How known / relationship _____ Phone Number _____

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Year Graduated	Degree / Diploma
	High School					
	College, Graduate, Business, Trade, or Technical					
	Describe any honors you have received:					
State any additional information you feel may be helpful to us in considering your application:						

EMPLOYMENT	Please give accurate, complete full-time and part-time employment record. Start with your most recent employer.
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1	Company Name	City	State	Telephone
	Name of Supervisor			Employed - (State month and year)
	From		To	
	How many hours did you work per week?	Did this employer pay for your benefits?	Weekly Pay	
State job title and describe your work:			Reason for leaving:	
Start		Last		

2	Company Name	City	State	Telephone
	Name of Supervisor			Employed - (State month and year)
	From		To	
	How many hours did you work per week?	Did this employer pay for your benefits?	Weekly Pay	
State job title and describe your work:			Reason for leaving:	
Start		Last		

We may contact the employers listed above unless you indicate those you do not want us to contact	Employer Number(s) _____ Reason _____
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MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", in what Branch?
Describe any training received relevant to the position for which you are applying:		

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Provide 3 references not related to you, and not a previous employee

Name:	How known / relationship:	Years known:	Phone Number:

APPLICANTS AND EMPLOYERS STATEMENTS

I certify that the information submitted by me on this application is true and complete, and I understand that if any false informations, omissions, or misrepresentations are discovered, my application may be rejected. In the event of employment, I understand that any false or misleading information given on my application or during the interview process may result in my dismissal.

I understand that this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accomodation as required by the ADA. The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations, and organizations for furnishing such information.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand and agree that I may be required to take one or more physical examinations, drug tests, alcohol tests, or lie detector tests (administered in accordance with state and federal laws) as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employess from any claim arising in connection with the use of such tests. If the results of these test(s) are not in accordance with acceptable guidelines (as defined in the Company policy), the Company may withdraw the offer of employment, or, if employed, take appropriate action which may include termination.

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 I am free to resign at any time, with or without cause and without prior notice. I further understand that this 'at will' employment relationship does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand that Company policies are subject to change without prior notice, and I am subject to policy changes as they are made. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and without prior notice at any time by the Company and in consideration of employment, I agree to conform to the Company's rules and regulations that may be in effect from time to time.

Signature of Applicant: _____ Date: _____



The following questions should be answered to the best of your ability. This will help to give us an idea as to which area of the company you may best qualify. Some questions have no right or wrong answer, and you will not be graded or discriminated against based on your response.

1. What do you like most about this area?

2. Where would you like to be financially five years from now?

3. How do you plan on getting there?

4. Do you like to supervise people, or would you rather be told what to do?

5. What did you like about your last job?

6. What did you dislike about your last job?

7. If you had to grade your last boss on a score of 1 - 10, with 10 being the best, how would you grade him / her?
Why?

8. In the 3 spaces provided on the back of this page, write down these numbers exactly as they appear below:

A. OPTU57A

B. QZUV9050

C. KBGD0657

9. Do you like to talk to people that you've never met on the phone?

10. Do you think that you can catch on quickly to new ideas and procedures?

11. What is your greatest ambition in life?

12. What are some of your goals for the future?

13. If you could set your own hours or days to work, what would your ideal work week be?

Continued on other side...

14. Do you respond well to stress? Yes No If 'No', please explain.

15. If an item costs \$10.00 and the store runs a '40% Off Sale', how much would you pay for it?

16. You are working in a store and someone buys an item for \$13.79, they hand you a \$20.00 bill.
How much change to they get back?

17. How much is $5/8 + 3/4$?

18. How would you best describe your personality?

Why?

19. Do you believe that 'the customer is always right'? Yes No
Why?

A. _____

B. _____

C. _____

Signature:

Date: