

**APPLICATION FOR EMPLOYMENT**

*Please print clearly*

Applicants requiring reasonable accommodation for the application and/or interview process should notify a representative of the human resources department. Equal access to programs, services and employment is available to all persons.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Home phone \_\_\_\_\_ Cell / other \_\_\_\_\_ E-mail \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, dates / positions: \_\_\_\_\_

Legally eligible to work in the U.S.?  Yes  No Date available for work \_\_\_\_\_

Type of employment desired  Full-Time  Part-Time Driver's license # (if driving is job-related) \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

**EMPLOYMENT HISTORY**

List your most recent four (4) employers, starting with the most recent.

<b>EMPLOYER 1</b>	EMPLOYER / COMPANY		TELEPHONE	
	ADDRESS (CITY, STATE)			
	FROM (MO / YR)	TO (MO / YR)	STARTING JOB TITLE	FINAL JOB TITLE
	IMMEDIATE SUPERVISOR & TITLE		MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
	REASON FOR LEAVING	STARTING PAY \$ _____ per	FINAL PAY \$ _____ per	
	NATURE OF WORK PERFORMED & JOB RESPONSIBILITIES			

<b>EMPLOYER 2</b>	EMPLOYER / COMPANY		TELEPHONE	
	ADDRESS (CITY, STATE)			
	FROM (MO / YR)	TO (MO / YR)	STARTING JOB TITLE	FINAL JOB TITLE
	IMMEDIATE SUPERVISOR & TITLE		MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
	REASON FOR LEAVING	STARTING PAY \$ _____ per	FINAL PAY \$ _____ per	
	NATURE OF WORK PERFORMED & JOB RESPONSIBILITIES			

**EMPLOYMENT HISTORY (continued)**

<b>EMPLOYER 3</b>	EMPLOYER / COMPANY		TELEPHONE	
	ADDRESS (CITY, STATE)			
	FROM (MO / YR)	TO (MO / YR)	STARTING JOB TITLE	FINAL JOB TITLE
	IMMEDIATE SUPERVISOR & TITLE		MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
	REASON FOR LEAVING	STARTING PAY \$                      per	FINAL PAY \$                      per	
	NATURE OF WORK PERFORMED & JOB RESPONSIBILITIES			

<b>EMPLOYER 4</b>	EMPLOYER / COMPANY		TELEPHONE	
	ADDRESS (CITY, STATE)			
	FROM (MO / YR)	TO (MO / YR)	STARTING JOB TITLE	FINAL JOB TITLE
	IMMEDIATE SUPERVISOR & TITLE		MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
	REASON FOR LEAVING	STARTING PAY \$                      per	FINAL PAY \$                      per	
	NATURE OF WORK PERFORMED & JOB RESPONSIBILITIES			

Please explain any gaps in employment:

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Have you ever been terminated or asked to leave any job? If so, please explain:

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**EDUCATIONAL BACKGROUND**

NAME & LOCATION	YEARS COMPLETED	GRADUATE? / YEAR	COURSE OF STUDY / DEGREE
High School			
College			
Other			

**REFERENCES**

NAME	PERSONAL / BUSINESS	WHERE (COMPANY / RELATIONSHIP)	TELEPHONE	YEARS KNOWN	MAY WE CONTACT?
	<input type="checkbox"/> Personal <input type="checkbox"/> Business				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Personal <input type="checkbox"/> Business				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Personal <input type="checkbox"/> Business				<input type="checkbox"/> Yes <input type="checkbox"/> No

**SKILLS, TRAINING, LICENSES & CERTIFICATES**

Summarize any training, skills, licenses and/or certificates that qualify you to perform the job for which you are applying.

**BACKGROUND QUESTIONS**

Have you ever pled "guilty" or "no contest" to, or been convicted of, a crime?  Yes     No

If yes, please describe:

Have you ever been named as a defendant in a civil action for an intentional tort (wrongful act)?  Yes     No

If yes, please describe:

*Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the incident, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.*

**APPLICANT STATEMENT**

I certify that all information I have provided in order to apply for and secure work with Phasetronics, Inc. dba Motortronics is true, complete and correct. 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) cancel further consideration of this application, or (ii) immediately discharge me from Phasetronics, Inc. dba Motortronics service whenever it is discovered.

I expressly authorize, without reservation, Phasetronics, Inc. dba Motortronics, 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 Phasetronics, Inc. dba Motortronics, its agents, employees or representatives for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me. I further acknowledge that Phasetronics, Inc. dba Motortronics is entitled, under Florida Statutes §768.095 to provide truthful information, in good faith, to prospective employers and other third parties. I expressly authorize Phasetronics, Inc. dba Motortronics to release such information.

I understand that Phasetronics, Inc. dba Motortronics does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from Phasetronics, Inc. dba Motortronics and still wish to be considered for employment, it will be necessary to reapply and complete a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice and that Phasetronics, Inc. dba Motortronics reserves the same right to terminate my employment at any time, with or without cause and without prior notice except as is required by law. This application does not constitute an agreement or contract for employment for any specified prior or definite duration. I understand that no supervisor or representative of Phasetronics, Inc. dba Motortronics is authorized to make any assurances to the contrary and that no implied, oral or written agreement contrary to the foregoing express language are valid unless they are in writing and signed by the Phasetronics, Inc. dba Motortronics President or Vice President of Administration.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority 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 Phasetronics, Inc. dba Motortronics is a drug free workplace and any offers are contingent upon my passing a drug screen.

**Do not sign until you have read the applicant statement above.**

I certify that I have read, fully understand and accept all the terms and conditions of the foregoing applicant statement.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**Phasetronics, Inc. dba Motortronics is a Drug Free Workplace**

*Phasetronics, Inc. dba Motortronics is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, or veteran status.*