

PLEASE PRINT



2710 Lakeview Court, Fremont, California 94538  
 Phone: (510) 656-5898 Fax: (510) 656-7779  
 E-Mail: ptx@pantronix.com



Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, nation origin, handicap or veteran status.

NAME: LAST	FIRST	MIDDLE	DATE:
ADDRESS: STREET			SOCIAL SECURITY NUMBER
CITY	STATE	ZIP	PHONE

POSITION DESIRED	MINIMUM SALARY YOU WILL ACCEPT \$ _____ Per _____	DATE YOU CAN START WORK
SHIFT PREFERENCE <input type="checkbox"/> DAY <input type="checkbox"/> SWING <input type="checkbox"/> GRAVE <input type="checkbox"/> ANY	TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> ON-CALL	CAN YOU CHANGE YOUR WORK HOURS/DAYS? <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?	HAVE YOU EVER BEEN EMPLOYED HERE? IF YES, GIVE DATES:
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**PREVIOUS EMPLOYMENT: ENTER LAST FOUR JOBS HELD, MOST RECENT FIRST**  
 (Please complete in detail.)

EMPLOYER	JOB TITLE AND DEPARTMENT	START MONTH YEAR	END MONTH YEAR
EMPLOYER ADDRESS	DUTIES	START RATE	END RATE
TELEPHONE #		\$ _____ Per _____	\$ _____ Per _____
SUPERVISOR'S NAME/TITLE		REASON FOR LEAVING	
EMPLOYER	JOB TITLE AND DEPARTMENT	START MONTH YEAR	END MONTH YEAR
EMPLOYER ADDRESS	DUTIES	START RATE	END RATE
TELEPHONE #		\$ _____ Per _____	\$ _____ Per _____
SUPERVISOR'S NAME/TITLE		REASON FOR LEAVING	
EMPLOYER	JOB TITLE AND DEPARTMENT	START MONTH YEAR	END MONTH YEAR
EMPLOYER ADDRESS	DUTIES	START RATE	END RATE
TELEPHONE #		\$ _____ Per _____	\$ _____ Per _____
SUPERVISOR'S NAME/TITLE		REASON FOR LEAVING	
EMPLOYER	JOB TITLE AND DEPARTMENT	START MONTH YEAR	END MONTH YEAR
EMPLOYER ADDRESS	DUTIES	START RATE	END RATE
TELEPHONE #		\$ _____ Per _____	\$ _____ Per _____
SUPERVISOR'S NAME/TITLE		REASON FOR LEAVING	

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT Employer _____ Reason _____
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EDUCATION	NAME & LOCATION OF SCHOOL	# of Year Attended	Did You Graduate?	Grade Pt. Average	Major Subjects Degrees Received
HIGH SCHOOL					
COLLEGE					
GRADUATE SCHOOL					
TRADE BUSINESS OR CORRESPONDENCE SCHOOL					
SUBJECT OF SPECIAL STUDY OR RESEARCH					

Have you ever had any job related training in the United States military?  YES  NO  
 If Yes, please describe \_\_\_\_\_

Can you legally work in the United States?  
 YES  NO

***Proof of citizenship or immigration status will be required upon employment.***

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

The applicant understands that neither this document nor any offer of employment from the company constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing. Likewise, the applicant understands that this application is current for only 90 days. At the conclusion of this time, if the application has not heard from the Employer and still wishes to be considered for employment, it will be necessary to fill out a new application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### FOR INTERVIEW'S USE ONLY

INTERVIEW BY	DATE	PHYSICAL EXAM <input type="checkbox"/> YES <input type="checkbox"/> NO		REFERENCE CHECK <input type="checkbox"/> YES <input type="checkbox"/> NO	
REMARKS					
HIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	DIVISION	DEPARTMENT	COST CENTER	POSITION	IMMED. SUPERVISOR
BEGINNING PAY RATE \$ PER					
PAY CODE	F.D.	STARTING DATE	DEPARTMENT APPROVAL		OTHER APPROVAL