



## APPLICATION FOR EMPLOYMENT

Please provide all information as needed. This employment application should be complete and accurate before signing.  
*Incomplete or unsigned employment applications cannot be accepted.* A resume may not be used as a substitute.  
 This employment application will not be given consideration after 90 days.

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street City State Zip Code

Previous Address (If less than 2 years): \_\_\_\_\_  
Street City State Zip Code

Email: \_\_\_\_\_

How were you referred to the Company?

Website: \_\_\_\_\_  Agency: \_\_\_\_\_  Employee: \_\_\_\_\_  Walk-in

Are you legally eligible to be employed in the United States? (Proof of identity and eligibility will be required upon employment.) \_\_\_\_\_

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) \_\_\_\_\_

### Employment Desired

Position Applying For: \_\_\_\_\_ Full Time/Part Time/Temporary: \_\_\_\_\_

Available Start Date: \_\_\_\_\_ Are you employed now? \_\_\_\_\_ Salary Expectations: \_\_\_\_\_

If presently employed, why are you considering leaving? \_\_\_\_\_

Have you ever applied to FEI-Zyfer, Inc. before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying either with or without reasonable accommodation? \_\_\_\_\_

If No, describe the functions that cannot be performed:

*Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential job functions. Hire may be subject to passing an medical examination, and to skills and agility tests.)*

### Education

Type of School	Name and Location of School	Dates Attended	Degree Earned	Subjects Studied
High School				
College				
Business or Trade School				
Other				

Other training, special skills, certifications or licenses held: \_\_\_\_\_

Military Service: \_\_\_\_\_ Military Schools attended: \_\_\_\_\_

### Equal Opportunity Employer

FEI-Zyfer, Inc. is an equal opportunity employer and as such affirms in policy and practice to recruit, hire, train, and promote, in all job classifications, without regard to race, religion, color, national origin, sex (including pregnancy), age, veteran status, disability, genetic information, or any other protected characteristic. Upon request, FEI-Zyfer will make reasonable accommodations for individuals with disabilities as long as they do not cause the company undue hardship.



# FEI-Zyfer Inc.

## EMPLOYMENT HISTORY

Please give accurate and complete information. List all employment, starting with present or most recent employer, including self-employment, part-time work, military employment and any work performed on a volunteer basis. Account for all periods including unemployment, service with the U.S. Armed Forces, and any significant gaps of employment. Use additional sheets if necessary. Do not use "see resume" in lieu of completing the application form. All information must be included, even if you are attaching a resume.

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Your Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Employed: (Show months and years) From: \_\_\_\_\_ To: \_\_\_\_\_

Describe Major Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Current employer?  Yes  No May we contact this employer for a reference?  Yes  No

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Your Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Employed: (Show months and years) From: \_\_\_\_\_ To: \_\_\_\_\_

Describe Major Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Your Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Employed: (Show months and years) From: \_\_\_\_\_ To: \_\_\_\_\_

Describe Major Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Your Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Employed: (Show months and years) From: \_\_\_\_\_ To: \_\_\_\_\_

Describe Major Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No



Please list the names of three professional references, that are not related to you, who have knowledge of your work performance.

**Professional References**

Full Name	Title	Company/Location	Phone/Email	Years Known

**Please read carefully before initialing and signing**

\_\_\_\_\_ I understand that the issuance of this application blank does not indicate that there are any positions open and does not in any way obligate FEI-Zyfer. I also understand that I will not be paid for the time I spend applying for a position and that no employee, except those officially designated in the Human Resources Department, is authorized to offer employment, promise me salary increases, change of position, advancement or other advantages.

Initials

\_\_\_\_\_ I submit this application with the understanding that I may be asked to have a physical examination by a Company-appointed physician. The purpose of the examination is to determine my current and continuing physical ability to perform the duties of the position for which I am applying. This examination and any future examination may include drug testing as required by law.

Initials

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

\_\_\_\_\_ I hereby authorize FEI-Zyfer, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I understand that information given in this application for employment and any statements made by former employers or references will become part of my permanent personnel record and may be disclosed by FEI-Zyfer without limitation or liability in response to requests for information from other sources for employment.

Initials

\_\_\_\_\_ I understand that nothing contained in this application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials

\_\_\_\_\_ I understand that if employed by the Company, I will abide by all company rules and regulations which are in effect and may be established in the future. I have no objection to applying for a security clearance if needed for my position. In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Initials

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date