



APPLIED SCIENCE & TECHNOLOGY

Employment Application

Last Name: _____ First Name: _____ Middle Initial: _____

Date: _____ Position Applying For: _____

Senspex is an equal opportunity employer and considers applicants for employment without regard to race, color, creed, religion, national origin, sex, sexual orientation, gender identity or expression, age, disability, Vietnam era or other eligible veteran status, or any other protected factor. Applicants requiring reasonable accommodation in the application or interview process should notify the Human Resources department. Senspex complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.

Complete all sections of this employment application. If a section does not apply to you, leave it blank. Applications remain active for a period of 60 days from date received.

Senspex will hire only United States citizens and aliens authorized to work in the United States. If hired you will be required to complete an Immigration and Naturalization Service Form I-9. In addition, you will be required to produce documents which verify identity and employment eligibility. Are you able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?

Write Answer: Yes or No _____

Are you or have you ever been a member of any organization which advocates or advocated the overthrow of our constitutional form of government in the United States?

Write Answer: Yes or No _____

Do you currently possess a valid (not suspended or expired) driver's license?

Write Answer: Yes or No _____

I hereby authorize Senspex to investigate all statements made on my application for employment and to discuss the results of this investigation with those responsible for hiring. I further authorize the company to contact my former employer(s) and any listed references or other persons who can verify information, and I give my consent for former employer(s) and other contacted persons to respond to questions pertaining to information on this application. Further, I release from liability such former employer(s) or other persons contacted by and providing information to Senspex. I acknowledge that the information I have supplied is correct to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment.

Date _____ Signature of Applicant _____

If you are submitting your employment application electronically, you are consenting to the above terms. If called in for an interview, you will be required to sign your employment application at that time.

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PLEASE TYPE OR PRINT

LAST NAME		FIRST NAME		MIDDLE INITIAL		HOME PHONE: () ()		BUSINESS PHONE: () ()	
ADDRESS – STREET						CITY		STATE AND ZIP CODE	
DO YOU HAVE THE LEGAL RIGHT TO LIVE & WORK IN THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>						ARE YOU UNDER AGE 18? YES <input type="checkbox"/> NO <input type="checkbox"/>			
POSITION(S) APPLIED FOR (BE SPECIFIC)									
DATE AVAILABLE FOR EMPLOYMENT:									
ARE YOU INTERESTED IN FULL TIME <input type="checkbox"/> REGULAR <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/>						Desired Base Rate:			
NAME OF SCHOOL AND LOCATION - <i>Only degrees from colleges or universities accredited by an agency recognized by the U.S. Department of Education as a valid accreditation service are accepted by Senspex.</i>				DIPLOMA/ DEGREE	DATE GRANTED	MAJOR		NO. OF CREDITS	
HIGH SCHOOL									
COLLEGE OR UNIVERSITY									
TECHNICAL, TRADE PROFESSIONAL OR MILITARY SCHOOLS									
LICENSES/ CERTIFICATES		AGENCY/DATE				AGENCY/DATE			
LIST BY DESCRIPTIVE TITLE (NOT COURSE NUMBER) ANY COURSES THAT YOU HAVE TAKEN AND ANY EQUIPMENT THAT YOU CAN OPERATE THAT ARE APPLICABLE TO THE JOB AREAS IN WHICH YOU ARE INTERESTED.									
SUBJECT OR EQUIPMENT	CREDITS	GRADE	SUBJECT OR EQUIPMENT	CREDITS	GRADE	SUBJECT OR EQUIPMENT	CREDITS	GRADE	
MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (EXCLUDE THOSE WHICH MAY DISCLOSE YOUR RACE, RELIGION OR NATIONAL ORIGIN)									
U.S. MILITARY SERVICE									
Branch of service			Rank		Entry date			Discharge date	
SECURITY CLEARANCE									
Have you ever had a security clearance? YES <input type="checkbox"/> NO <input type="checkbox"/>					Indicate level of most recent clearance, date granted, and where employed at that time.				
Have you ever had a security clearance suspended, denied, or revoked? YES <input type="checkbox"/> NO <input type="checkbox"/>					Indicate level of clearance; date when action was taken, by whom, and where you were employed at that time.				
Do you have any relatives who work for Senspex? NO <input type="checkbox"/> YES <input type="checkbox"/> Who: _____					How did you learn of employment opportunities at Senspex? Please Specify who referred you:				

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EMPLOYMENT AND PERSONAL HISTORY Account for your time during at least the past ten years, whether employed, hospitalized, traveling, etc. If employed in your own business, give firm name and complete address of a business reference who can verify your activities during the period. If unemployed during any part of the ten-year period, list name and complete address of one person, not a relative, who can verify the unemployment period. If professional history extends beyond ten years, please include details. YOUR PAST/PRESENT EMPLOYER(S) WILL NOT BE CONTACTED WITHOUT SPECIFIC PERMISSION. May we contact your past/present employer(s): Yes No

EMPLOYER'S NAME (Present or last position)	From (mo/yr)	To (mo/yr)	Final Salary	
ADDRESS (Number, street, city, state, and zip code)				
JOB TITLES AND DUTIES (Include specific skills to perform duties outlined)				
REASON FOR LEAVING OR WANTING TO LEAVE	SUPERVISOR'S NAME		PHONE NUMBER	
EMPLOYER'S NAME	From (mo/yr)	To (mo/yr)	Final Salary	
ADDRESS (Number, street, city, state, and zip code)				
JOB TITLES AND DUTIES (Include specific skills to perform duties outlined)				
REASON FOR LEAVING OR WANTING TO LEAVE	SUPERVISOR'S NAME		PHONE NUMBER	
EMPLOYER'S NAME	From (mo/yr)	To (mo/yr)	Final Salary	
ADDRESS (Number, street, city, state, and zip code)				
JOB TITLES AND DUTIES (Include specific skills to perform duties outlined)				
REASON FOR LEAVING OR WANTING TO LEAVE	SUPERVISOR'S NAME		PHONE NUMBER	
EMPLOYER'S NAME	From (mo/yr)	To (mo/yr)	Final Salary	
ADDRESS (Number, street, city, state, and zip code)				
JOB TITLES AND DUTIES (Include specific skills to perform duties outlined)				
REASON FOR LEAVING OR WANTING TO LEAVE	SUPERVISOR'S NAME		PHONE NUMBER	
LIST ADDITIONAL INFORMATION to make this record cover at least ten years (continue on a separate page if necessary)				
From (mo/yr)	To (mo/yr)	Company	Address	Job title and major duties
From (mo/yr)	To (mo/yr)	Company	Address	Job title and major duties
From (mo/yr)	To (mo/yr)	Company	Address	Job title and major duties

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PLEASE LIST ALL PREVIOUS NAMES UNDER WHICH YOU HAVE WORKED OR ATTENDED SCHOOL:

PERSONAL REFERENCES List two people whom you have known for at least three years—do not include relatives or former employers

Name	Address	Home Phone	Occupation
Name	Address	Home Phone	Occupation

PLEASE LIST BELOW ANY ADDITIONAL INFORMATION IN THE FOLLOWING SPACE:

DO NOT WRITE BELOW THIS LINE