



APPLIED SCIENCE & TECHNOLOGY

Employment Application

DIRECTIONS

Complete all sections of this employment application. Incomplete information could disqualify you from further consideration. If a section does not apply to you, write N/A for "Not Applicable". Applications remain active for a period of 60 days from date received. Please type or print legibly.

Completed applications may be emailed to hr@senspex.com or faxed to (760)406-4874. If you have questions regarding the status of your application you may email hr@senspex.com or call (505)891-0034 and ask for Human Resources.

PERSONAL INFORMATION

Last name:	First name:	Middle initial:	Phone number: ()	Email address:
Address (Street):			City:	State and zip code:
Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(if offered employment, you will be required to provide documentation to verify eligibility.)</small>			Are you over 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Most, if not all positions, at Senspex, Inc. may be required to drive a company vehicle or personal vehicle while on company business. Do you currently possess a valid (not suspended or expired) driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Have you ever been known by any other names? (e.g. your maiden name, name(s) by a former marriage(s), former name(s), alias(es), or nickname(s)). No <input type="checkbox"/> Yes <input type="checkbox"/> Please list names:				
Position(s) applying for (be specific):			Are you interested in: (check all that apply) Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	
Date available for employment:			Desired hourly rate (or annual salary):	
Do you have any relatives who previously or currently work for Senspex, Inc.? No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, please list names and dates of employment: _____			How did you learn of employment opportunities at Senspex? (please be specific)	

MILITARY SERVICE

Branch of service:	Rank:	Entry date:	Discharge date:	Honorable Discharge: <input type="checkbox"/> Dishonorable Discharge: <input type="checkbox"/>
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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.
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? No <input type="checkbox"/> Yes <input type="checkbox"/>	

EDUCATION

Please note: Only degrees from colleges, universities, or trade schools accredited by an agency recognized by the U.S. Department of Education as a valid accreditation service are accepted by Senspex, Inc.

Name of School and Location	Diploma/ Degree Earned Type (B.A., B.S., M.S.)	Date Granted	Major(s)	No. Of credits (if degree has not been granted)
High school				
College or University				
Technical, trade professional or military schools				



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EDUCATION CONTINUED

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

Please indicate any other education or training which you believe qualifies you for the position you are seeking:

LICENSES / CERTIFICATES

You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.

Type of License(s) Held	Agency / Organization	Date Issued & Expiration Date (if applicable)
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EMPLOYMENT HISTORY

Account for your time during at least the past seven (7) 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 seven (7) year period, list name and complete address of one person, not a relative, who can verify the unemployment period. Optional: If professional history extends beyond seven (7) years, and is relevant to the position you are applying for, please include details.

Employer / Business Name (Present or last position)	From (mo/yr)	To (mo/yr)	Final Salary
Employer Address (Number, Street, City, State, and Zip Code)			Position Status: Full time <input type="checkbox"/> Part time <input type="checkbox"/>
Position Title	May we contact this employer to verify employment history? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Job duties (Include specific skills to perform duties outlined)			
Reason for leaving or wanting to leave:	Supervisor's name	Phone number	
Under what circumstances did your employment end with this employer? Resigned <input type="checkbox"/> Terminated (fired) <input type="checkbox"/> Quit after being told you would be terminated (fired) <input type="checkbox"/> Left by mutual agreement following charges or allegations of misconduct <input type="checkbox"/> Left by mutual agreement following notice of unsatisfactory performance <input type="checkbox"/> Reduction in force/Layoff <input type="checkbox"/>			
Employer / Business Name (Present or last position)	From (mo/yr)	To (mo/yr)	Final Salary
Employer Address (Number, Street, City, State, and Zip Code)			Position Status: Full time <input type="checkbox"/> Part time <input type="checkbox"/>
Position Title	May we contact this employer to verify employment history? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Job duties (Include specific skills to perform duties outlined)			
Reason for leaving or wanting to leave:	Supervisor's name	Phone number	
Under what circumstances did your employment end with this employer? Resigned <input type="checkbox"/> Terminated (fired) <input type="checkbox"/> Quit after being told you would be terminated (fired) <input type="checkbox"/> Left by mutual agreement following charges or allegations of misconduct <input type="checkbox"/> Left by mutual agreement following notice of unsatisfactory performance <input type="checkbox"/> Reduction in force/Layoff <input type="checkbox"/>			



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EMPLOYMENT HISTORY CONTINUED				
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LIST ADDITIONAL EMPLOYMENT (to make this record cover at least seven (7) 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
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
PROFESSIONAL REFERENCES				
List three (3) professional references that we may contact. Professional references may include, but are not limited to: former employer, a colleague, a client, a vendor, supervisor, professor, coach, and college advisors.				
Name	Relationship to you / Company		Phone	Email
Name	Relationship to you / Company		Phone	Email
Name	Relationship to you / Company		Phone	Email



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PERSONAL REFERENCES

List two (2) personal references that we may contact. You should not include family or spousal relationships.

Name	Relationship to you / How long have you known this person?	Phone	Email
Name	Relationship to you / How long have you known this person?	Phone	Email

REFERENCE CHECK RELEASE

I, _____ (print or type your name) give permission to Senspex, Inc. to contact the persons listed in Professional References and Personal References section of this application for the purposes of obtaining reference information. These persons are aware that Senspex, Inc. may contact them and have my permission to discuss information regarding my current and/or previous employment.

Name (please print) _____

Signature _____

Date _____

ADDITIONAL COMMENTS

Use the space below to continue answers to all other items and to provide any information you would like to add.

I hereby authorize Senspex, Inc. to investigate all statements made on my employment application and to discuss the results of this investigation with those responsible for hiring for the position in which I have applied. I further authorize the company to contact my former employer(s) as marked in the Employment History section 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, Inc. 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.

Employment at Senspex, Inc. is on an at-will basis unless otherwise stated in a written individual employment agreement signed by top leadership, identified as the President or Vice President. This means that employment may be terminated by the employee or Senspex, Inc. at any time for any reason or for no reason, and with or without prior notice.

No one has the authority to make any expressed or implied representations in connection with, or in any way limit, an employee's right to resign or the Company's right to terminate an employee at any time, for any reason or for no reason, and with or without prior notice. Nothing in this document creates an employment agreement, expressed or implied, or any other agreement between any employee and the Company.

Signature of Applicant: _____

Date _____

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.

HRD-PCY-0001-06 Equal Employment Opportunity & Affirmative Action

Senspex is an equal opportunity employer. Employment related decisions are based on ability, skills, and company needs. Except where there is a business necessity of a bona fide occupational qualification, no employment decision or practice is based upon race, color, religion, sex, age, sexual orientation, gender identity, national origin, disability, serious medical condition, genetic information, veteran status, or any other characteristic protected by Federal, New Mexico State law, and/or local ordinances.

As part of the company's equal employment opportunity policy, Senspex will also take affirmative action as called for by applicable laws and Executive Orders to ensure that minority group individuals, females, disabled veterans, recently separated veterans, other protected veterans, Armed Forces service medal veterans, and qualified disabled persons are introduced into our workforce and considered for promotional opportunities. The Affirmative Action Program sets forth the specific affirmative action and equal employment opportunity responsibilities of top leadership, managers, and all Senspex employees. This program also includes training programs, outreach efforts, and other positive steps to ensure diversity and equal opportunity within Senspex.