

# SENSPEX

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](mailto: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](mailto: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"/>
--------------------	-------	-------------	-----------------	---

### 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				

# SENSPEX

APPLIED SCIENCE & TECHNOLOGY

## Employment Application

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

### 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"/>			

# SENSPEX

APPLIED SCIENCE & TECHNOLOGY

## Employment Application

EMPLOYMENT HISTORY CONTINUED				
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"/>				
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

