

APPLICATION FOR EMPLOYMENT
COMTRONIX
COMMUNICATION ELECTRONICS, INC

PRE-EMPLOYMENT QUESTIONNAIRE
 EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION		Date	
Name (Last, First, Middle)		Social Security No.	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone No.	Referred By		
Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you legally authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever had a professional license revoked, suspended or denied? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, state when, where, and why. _____ _____		
Have you ever been convicted of, plead guilty or no contest (<i>nolo contendere</i>) to, or received probation, suspension, or deferred adjudication for a felony or an offense involving moral turpitude (including, but not limited to theft, rape, murder, swindling, and indecency with a minor)? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, state when, where, and the nature of the offense. _____ _____		

EMPLOYMENT DESIRED			
Position	Date Available	Salary Desired	
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, may we inquire with your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever applied with Comtronix before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where?	When?	

EDUCATION HISTORY			
Name & Location of School	Years Completed	Did You Graduate?	Subjects Studied & Degrees Received
High School			
College			
Trade, Business or Correspondence School			
Other			

GENERAL INFORMATION

Subjects of Special Study/Research Work or Special Training/Skills	
Job Related Skills (typing, driver's license, etc.)	
U.S. Military or Naval Service	Rank

FORMER EMPLOYERS (List Below Last Four Employers, Starting with Last One First)

Date Month and Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES. Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Known

EQUAL OPPORTUNITY EMPLOYER

It is the policy of the company to abide by all laws pertaining to fair employment practices and the terms and condition of employment at Comtronix are provided without regard to race, color, religion, national origin, sex, age or physical handicap.

NOTICE OF AT WILL EMPLOYMENT

I understand that, if I am hired by Comtronix (the "Company"), my employment with the Company will be at-will. I understand that my employment can be terminated, with or without cause, and with or without notice, at any time (including before I start working for the Company), at the option of either the Company or myself. I also understand that no term or terms of my employment with the Company are guaranteed, and any term or condition of my employment can be changed by the Company at any time, with or without notice. No promises regarding employment have been made to me and I understand that no promise or agreement regarding employment with the Company is binding upon the Company unless it is made in writing and signed by a Company Corporate Officer. No other employee or manager of the Company has any authority to enter into any agreement for employment or regarding any terms of employment, or to make any other agreement contrary to the foregoing.

AUTHORIZATION

"I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application, resume, and/or during any interview, is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by a Company Corporate Officer.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____
 INTERVIEWED BY _____ DATE _____
 INTERVIEWED BY _____ DATE _____

REMARKS

Neatness		Character		
Personality		Ability		
Hired	For Dept.	Position	Will Report	Salary Wages

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

RELEASE AND AUTHORIZATION

In connection with my application for employment at Comtronix, I hereby authorize Comtronix to perform a pre-employment drug screening as well as background screening concerning alcohol or drug use. I understand and agree to the following:

1. I authorize and release people, companies, references, current and former employers, schools, municipal, county, state and federal agencies and courts, to provide all information that is requested to the employer.
2. I further release all of the above, including the employer and subsequent employers, to the full extent permitted by law, from any liability or claims arising from retrieving and reporting information concerning me.
3. I agree that a copy or fax of this document shall be as valid as the original and recipient may contact me by phone to clarify information.
4. The information sought and shared will include: All alcohol test results of .04 or greater, all positive controlled substance test results, all instances in which the employee refused to submit to drug and/or alcohol testing, and substance abuse professional evaluations concerning the above instances and return-to-duty results.
5. I understand that Comtronix will not only seek the information from my previous employers, if I should become employed by Comtronix and later leave; Comtronix will release any information pursuant to this policy to subsequent employers.
6. I further understand that any information obtained by way of search or drug screening may be turned over to any local, state or federal authorities at The Company's discretion or as otherwise required by law. I understand that if I am a minor results of any search or drug screening will be provided to my parent(s) or legal guardian(s).

_____/_____/_____
Last Name First Name M.I. Date

Signed