

# RADIALL/LARSEN

antenna technologies

## APPLICATION FOR EMPLOYMENT

Radiall/Larsen Antenna Technologies is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws.

## PERSONAL INFORMATION (PLEASE PRINT)

Date: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_ Desired Salary/Wage: \_\_\_\_\_

Referral Source:  Advertisement: \_\_\_\_\_  Friend: \_\_\_\_\_  
 Relative: \_\_\_\_\_  Employment Agency: \_\_\_\_\_  
 Walk-in \_\_\_\_\_  Other \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Have you ever been an employee here?  Yes  No If Yes, when? \_\_\_\_\_  
What position? \_\_\_\_\_

Are you employed now?  Yes  No

May we contact your present employer?  Yes  No

Why do you want to change jobs? \_\_\_\_\_

Names of friends or relatives employed at Radiall/Larsen? \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?  Yes  No

(PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)

Can you travel if the job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

(Convictions will not necessarily disqualify applicants from employment)

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

## AVAILABILITY (PLEASE CHECK PREFERRED SCHEDULE)

I am available and desire to work FULL-TIME.

I am available and desire to work PART-TIME.

Are you on layoff and subject to recall?  Yes  No

Date available for work: \_\_\_\_\_

Do you have reliable means of transportation?  Yes  No

A PRE-EMPLOYMENT DRUG SCREEN IS REQUIRED.

A NEGATIVE RESULT OF THIS SCREEN IS A CONDITION FOR FURTHER CONSIDERATION OF EMPLOYMENT.

# EMPLOYMENT EXPERIENCE

Please provide an accurate and complete full- and part-time employment record. Start with present or most recent employer.

## FIRST

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Employed (MONTH/YEAR): From: \_\_\_\_\_ To: \_\_\_\_\_ Salary/Hourly Pay: Start: \_\_\_\_\_ Last: \_\_\_\_\_

Names of Managers: \_\_\_\_\_

Job Title(s): \_\_\_\_\_

Describe your work: \_\_\_\_\_

What did you like best about your work? \_\_\_\_\_

What did you like least about your work? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

## SECOND

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Employed (MONTH/YEAR): From: \_\_\_\_\_ To: \_\_\_\_\_ Salary/Hourly Pay: Start: \_\_\_\_\_ Last: \_\_\_\_\_

Names of Managers: \_\_\_\_\_

Job Title(s): \_\_\_\_\_

Describe your work: \_\_\_\_\_

What did you like best about your work? \_\_\_\_\_

What did you like least about your work? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

## THIRD

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Employed (MONTH/YEAR): From: \_\_\_\_\_ To: \_\_\_\_\_ Salary/Hourly Pay: Start: \_\_\_\_\_ Last: \_\_\_\_\_

Names of Managers: \_\_\_\_\_

Job Title(s): \_\_\_\_\_

Describe your work: \_\_\_\_\_

What did you like best about your work? \_\_\_\_\_

What did you like least about your work? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

(IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER)

Explain reasons for periods of unemployment of 3 or more weeks duration in the last 3 years: \_\_\_\_\_

Have you ever been discharged from any employer or forced to resign?  Yes  No

If yes, explain: \_\_\_\_\_

# EDUCATION

Please provide an accurate and complete education record.

	NAME & ADDRESS	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
ELEMENTARY			4 5 6	Yes No	
SECONDARY			7 8 9	Yes No	
HIGH SCHOOL			9 10 11 12	Yes No	
COLLEGE			1 2 3 4	Yes No	
OTHER			1 2 3 4	Yes No	

Are you taking any educational courses at present?  Yes  No

If Yes, what course and where? \_\_\_\_\_  
 \_\_\_\_\_

Professional Certificates or Licenses held? \_\_\_\_\_

Honors or Awards received? \_\_\_\_\_

## U.S. MILITARY SERVICE

Branch of Service: \_\_\_\_\_ Speciality: \_\_\_\_\_

Length of Service: \_\_\_\_\_ Rank at Separation: \_\_\_\_\_

## SKILLS

Describe the skills you have relative to the position you are seeking. Include skills in the operation of equipment and machinery, if applicable:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## GENERAL INFORMATION

List business and professional organizations of which you are a member: (omit those indicating race, religion, gender, age, disability, national origin, or other protected groups)

\_\_\_\_\_  
 \_\_\_\_\_

# PERSONAL REFERENCES

Please list three non-relatives we may contact who are qualified to evaluate your capabilities.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business/Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business/Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business/Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

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

Please read the following statement carefully before signing this application. Only those applications that are completed in full, signed, and dated are considered valid. If you have any questions regarding this statement, please ask them before signing.

I certify that all answers or statements I have made on this application or on my resume or other supplementary materials are true and correct without omissions. I acknowledge that any false statement or misrepresentation on this application or supplementary materials will be cause for refusal to hire or for immediate dismissal from employment at any time during the period of my employment regardless of when or how discovered.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between the Company or myself for either employment or the providing of any benefit. I understand and agree that if I am offered and accept a position, my employment may be terminated, with or without cause, and with or without notice, at any time, at the discretion of either party and I understand that the Company reserves the right to change wages, hours, and working conditions as deemed necessary.

I further acknowledge and understand that no representative of the Company has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as may be specifically set out in a current written agreement.

I acknowledge that I have read and understand the above statement and hereby grant permission to confirm the information supplied on this application and authorize any of the persons or organizations referenced in this application to provide the Company complete information and records concerning any of the subjects covered by this application and release the Company and persons or organizations supplying the requested information from any liability connected with that information.

I understand that this application will be active for (30) calendar days after completion. After (30) calendar days, this application will become inactive and if I wish to be considered for another job opening, I must reapply by completing a new application form.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Remarks: \_\_\_\_\_

Hired: \_\_\_\_\_ For Department: \_\_\_\_\_ Position: \_\_\_\_\_ Will Report: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Approved: \_\_\_\_\_

Team

Team Leader

Group Leader

CEO

In Case of Emergency notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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



### **Applicant Questionnaire**

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position applied for. The information requested on this form is for the purpose of compliance with these record-keeping requirements.

Such self-identification, and any information provided by the applicant is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment. The completion of this form is optional. Inclusion or exclusion of any data will not affect hiring or other employment-related decisions.

Radiall/Larsen Antenna Technologies is an equal opportunity employer. The Company believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status, or any other protected group status.

---

#### **Please provide the following information:**

##### **Gender:**

- Male
- Female

##### **Race:**

- White
- Asian
- Native Hawaiian or other Pacific Islander
- Black or African American
- Native American or Alaskan Native
- Hispanic
- Decline to state

##### **Veteran:**

- \_\_\_\_\_

#### **Please identify where you learned about an employment opportunity with our organization:**

- Newspaper Ad
  - Employee Referral
  - Recruiter
  - Tech School/College Placement
  - Temporary Service
  - State Employment Service
  - Other
-