



# Application For Employment

AFI Cybernetics Corporation is an equal opportunity employer and affirmatively recruits, hires, trains, compensates and promotes without regard to marital status, race, color, sex, age, religion, or national origin.

Please print clearly in ink.

## Personal Information

Name		Date
Mailing Address	Permanent Address (if different)	
Home Phone	Business Phone	
Do you have a disability that would interfere with your performance of the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", describe.		
Have you ever been convicted of a crime excluding misdemeanors and summary offenses, in the past ten years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", describe.		

## Employment Data

Position(s) applying for	
Type of position desired (check one) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer <input type="checkbox"/> Co-op	
Will you be willing to travel in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	Overseas? <input type="checkbox"/> Yes <input type="checkbox"/> No
Availability <input type="checkbox"/> Day Shift <input type="checkbox"/> Weekend <input type="checkbox"/> Overtime <input type="checkbox"/> Call-in basis	
When can you begin work?	Salary Requirements

\_\_\_\_\_ **To be filled out when and if applicant is hired** \_\_\_\_\_

Hire Date	Position	Employee ID#	Social Security #
Emergency contact		Relationship	Phone
Address			

## Work History

Please list your previous three employers. Start with the most recent position. Periods of unemployment should also be noted. Leave no gaps in sequence. Additional space is provided on page 3.

Company Name		Type of business	
Address			Phone
Start Date	End Date	Starting Pay	End Pay
Position/Title		Name of Supervisor	
Describe duties and responsibilities			
Reason for leaving		May we contact this employer?	

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## Education and Training

School	Name, Address of School	Course of Study	No. of years completed	Graduated	Degree or Diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade /Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Course work in progress					
Other					

## Military Service

Branch	Entry Date	Discharge Date	Rank	Duties	Present Status

## Professional Information

Professional licenses or professional organization memberships (exclude those which indicate race, religion, color or national origin)

If you wish to provide any additional information, do so in the space below

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The information provided in this application is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal, absolving AFI Cybernetics Corp. of all liability.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to employ me in the future.

I agree that AFI Cybernetics Corp. may contact all and any previous employers, schools, and references for further information except where I have stated otherwise on this form. I further release said employers, schools or persons as well as AFI Cybernetics Corp. from all liability for any damages whatsoever in providing or obtaining this information.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT

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