



161 Clear Road, Oriskany, NY 13424 • Phone: 315-736-2206, 1-800-500-0347 • Fax: 315-736-2285 • E-mail: info@fiberinstrumentsales.com

Check the company you're applying for:



We appreciate your interest in our organization and are sincerely interested in your background and qualifications. Please answer all questions as thoroughly as possible so we may review this information in consideration of employment with our organization. We are an Equal Opportunity Employer and will recruit, hire, promote and train in all jobs without regard to race, color, religion, age, disability, veteran status or non-job-related felony conviction records.

PERSONAL

NAME: Last _____ First _____ Middle _____

ADDRESS: Street _____ City _____ State _____ Zip _____

SOCIAL SECURITY #: _____ **TELEPHONE #:** _____

Are you legally employable in the U.S.A.? **Yes** **No** Are you 18 years of age or older? **Yes** **No**

Position(s) applying for: _____ Expected rate of pay \$ _____

Preference for	Full	or	Part Time?	Specify days if part-time						
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	M	T	W	T	F	S	S

Have you ever been an employee of our company? **Yes** **No** If yes, when, and in what position(s)? _____

Are you currently employed? **Yes** **No**

May we contact your current employer? **Yes** **No**

Have you ever been convicted of a felony? **Yes** **No**

If Yes, please explain: _____

If your application is considered favorably, when will you be available for work? _____

Please state why you feel you should be considered for this position? _____

EDUCATION

	Name & Address of School	Course of Study	Circle Last Year Completed				List Diploma, Degree or Subject Studied
			1	2	3	4	
High School							
College							
Other (Specify)							

EMPLOYMENT HISTORY

Begin with your most present or recent position. Include any military service/volunteer activities

1	Employer	Dates Employed	From		Reason for Leaving
			To		
	City/State/Phone				
	Job Title	Hour Rate/ Salary	From		Job Duties
	To				
Supervisor					
2	Employer	Dates Employed	From		Reason for Leaving
			To		
	City/State/Phone				
	Job Title	Hour Rate/ Salary	From		Job Duties
	To				
Supervisor					
3	Employer	Dates Employed	From		Reason for Leaving
			To		
	City/State/Phone				
	Job Title	Hour Rate/ Salary	From		Job Duties
	To				
Supervisor					

REFERENCES

List the name of three individuals, not related to you, who can describe your work-related skills.

Name	Address/Phone	Occupation	Years Known

PLEASE READ & SIGN BELOW

MY SIGNATURE INDICATES THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT MATERIAL MISREPRESENTATION OF INFORMATION ON THE APPLICATION SHALL BE GROUNDS FOR TERMINATION. I AUTHORIZE INVESTIGATION OF ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS AT WILL AND FOR NO DEFINITE PERIOD AND MAY BE TERMINATED BY EITHER PARTY AT ANY TIME WITHOUT ANY PRIOR NOTICE, WITH OR WITHOUT CAUSE.

If final consideration for this position requires the passing of a drug test, would you submit? Yes No

SECURITY BACKGROUND CHECK: Applicant may be required to pass security background check done by an outside agency.

Motor Vehicle Report: I understand that if my position requires driving for company business I must provide my current drivers' license number and my Motor Vehicle Record will be obtained.

Signature of Applicant

Date

Equal Employment Opportunity Data Collection Sheet

Completion of this form is optional and will in no way affect your application.

To help us comply with federal/state Equal Employment Opportunity reporting requirements, we ask that applicants complete the following questions. This pre-employment form is not part of the application for employment and is maintained in a confidential file separate from the application. Data is used for statistical purpose and to measure effectiveness of recruitment efforts.

Title of Job Applied for: _____

Date of Application: _____

Please check one appropriate box in each of the following categories:

GENDER: Male Female

- RACE:
- White (Not of Hispanic Origin) - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
 - Black (Not of Hispanic Origin) - All persons having origins in any of the black racial groups in Africa.
 - Hispanic - All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.
 - Asian or Pacific Islander - All person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. Origins include, for example: China, India, Japan, Korea, the Philippine Islands, Samoa, and Hawaii.
 - American Indian or Alaskan Native - All persons having origins in any of the original indigenous peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Please check any and all categories that apply to you:

SPECIAL DISABLED VETERAN

1. A veteran who is entitled to compensation or who but for the receipt of military retired pay would be entitled to compensation under laws administered by the Department of Veteran Affairs for a disability.
 - a. Rated at 30 percent or more; or
 - b. Rated at 10 or 20 percent in the case of a veteran who has been determined under section 1506 of title 38, U.S.C., to have a serious employment handicap; or
2. A person who was discharged or released from active duty because of a service-connected disability.

VETERAN OF THE VIETNAM-ERA

1. A person who served more than 180 days of active military, naval or air service, any part of which during the period of August 5, 1964 through May 7, 1975; and
2. Was discharged or released with other than a dishonorable discharge, or
3. Was discharged or released from active duty because of a service-connected disability.

VETERAN