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Last Name			First			Middle			For personnel use			Date of application			
Street address						Type(s) of work desired						Social security no.			
City			State			ZIP code						Telephone no.			
												Home:			
												Work:			
How were you referred to Company? (Circle only one)		A By your college	B Advertisement		C Employment Agency		D By an employee		If so, give name:		E Military service	F Walk-in	G Resume or letter	H Open house	I Other

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Mason Technologies
945 Alcorn Avenue
Carlsbad, CA 92009-4385

Application for Employment

Please read carefully and complete by printing in ink or typing.

Provide all information requested.

Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

An Equal Opportunity Employer

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran or Vietnam-era veteran. Information provided on this application will not be used for any discriminatory purpose.

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Educational History

School name	Location (city, state)	Major course or subject	Dates attended From To	Gradua ted Yes No	Degree
High school					
Technical/trade (after high school)					
College (list all attended)					
Other education/training					

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Outside Activities

(Exclude those indicating race, color, religion, sex, national origin, age, handicap, or Vietnam-era veteran status)

Professional memberships, certificates, or licenses held

Past and present civic or cultural activities — include offices held

Principal hobbies

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Special Skills

<i>To be completed by applicant for office/clerical work</i>			<i>To be completed by applicant for shop/plant work</i>	
Typing	Yes No	Words per minute	Type of machines operated	Years experience
Dictation	Yes No	Words per minute		
Computer skills	Hardware Software			
Please list other skills and/or equipment/language experience you have acquired			List other shop/production skills	
			Served apprenticeship Yes When served No	
			Type of apprenticeship	

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Miscellaneous

Were you previously employed by Company?	Yes If yes, when No
Do you have any relative(s) currently employed by Company?	Yes If yes, list below No
Name Relationship	Name Relationship
Have you been convicted of any crimes other than minor traffic violations during the past seven years?	Yes If yes, list below No (A conviction record will not necessarily bar you from employment)
Will visa or immigration status prevent lawful employment?	Yes No
Would you be willing to work other than the day shift?	Yes If yes, which shifts? No
Do you have any handicaps or health problems that may affect your ability to perform the job applied for or which you would like Company to consider in determining your job placement?	Yes No
If yes, briefly describe any reasonable accommodations to your handicap you feel Company can make to assist you in working here.	

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Employment Record

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach resume, but complete application as well.

Last or present company	Type of business	Title or job classification
Street address	Phone no.	Brief description of job duties
City State	ZIP code	
Supervisor's name and title	Phone no.	
Base salary	Dates worked From To	
Reason for leaving		
Company	Type of business	Title or job classification
Street address	Phone no.	Brief description of job duties
City State	ZIP code	
Supervisor's name and title	Phone no.	
Base salary	Dates worked From To	
Reason for leaving		
Company	Type of business	Title or job classification
Street address	Phone no.	Brief description of job duties
City State	ZIP code	
Supervisor's name and title	Phone no.	
Base salary	Dates worked From To	
Reason for leaving		

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U.S. Military Record

Branch of service

From

To

Present military affiliation:

None

Reserve (active)

Reserve (inactive)

Kinds of training and duty while in service

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Professional/Work References

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/relationship	Address (street, city, state, zip code)	Phone no. (include area code)	Occupation

May we contact your present employer?

Yes

No

Wage or salary required

Date available

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I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment and my continued employment depends upon the will of the company or myself.

Date

Signature

If any of your educational or employment records are under other than the above name, please provide other names.

0487 Part No. 000-000-000

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