

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



# Employment Application

Electroswitch is an Equal Employment Opportunity employer and provides Equal employment opportunities for all current and prospective employees. Electroswitch will ensure that all terms of employment – the hiring process, compensation, transfer, promotion, training and development, termination, etc. are provided without regard to race, color, sex, age, religion, national origin, disability, status as a protected veteran, military status, gender identity, sexual orientation, or any other characteristics protected by law.

Electroswitch will provide reasonable accommodations which do not impose an undue hardship on the Company, to enable individuals with disabilities to participate fully in the interviewing and hiring process and during their employment in compliance with the Americans with Disabilities Act and the Rehabilitation Act of 1973.

Personal Information	Last Name		First Name		Middle		
	Home Address, Number and Street		City	State	Zip	Duration	
	Previous Address, Number and Street		City	State	Zip	Duration	
	Home Telephone	Cellular Telephone	E-Mail Address				
	Position or type of work desired:				Referred by:		
Other Information	Have you ever been employed by Electroswitch? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate date:		Do you currently have the legal right to work in the United States on a full-time basis? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	Have you ever applied at Electroswitch before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate date:		Note: An offer of employment is contingent upon the applicant providing Electroswitch with acceptable documents that establish identity and employment eligibility.				
	Are you over the age of 18? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Education		Name	Address	Circle Last Grade Completed		Degree or Course of Study	
	High School			9	10	11	12
	College			1	2	3	4
	Graduate College			1	2	3	4
	Trade School			1	2	3	4
	Adult Education or Special Training:						
	Are you currently enrolled in additional studies? Yes <input type="checkbox"/> No <input type="checkbox"/>		School and Location			Course/Program	
Skills, Accomplishments, Memberships	List office equipment you can operate:			List factory equipment you can operate:			
	List computer skills and hardware/software:			Can you use: Micrometers Yes <input type="checkbox"/> No <input type="checkbox"/> Calipers Yes <input type="checkbox"/> No <input type="checkbox"/>		Can you work from: Blueprints Yes <input type="checkbox"/> No <input type="checkbox"/> Schematics Yes <input type="checkbox"/> No <input type="checkbox"/>	
	List other training/skills including job related language skills:						
	Describe thesis, publications, patents pending and other significant accomplishments:						
	List memberships in professional service or trade organizations ( <i>exclude any that by name or character indicate the race, religion, sexual orientation, color, national origin, ancestry or other legally protected status of its members</i> ):						

**Employment History:** Please list your employment history and/or any verifiable volunteer work (exclude any that by name or character indicate the race, religion, sexual orientation, color, national origin, ancestry, or other legally protected status of its members)

List your most recent employer first. If you are currently employed, may we contact your present employer? Yes  No

Employer	Phone	From Month:                      Year	To Month                      Year
Address    Number        Street	City		State                      Zip
Name, title, and telephone number of supervisor(s):		Reason for leaving:	
Your position:			
Duties and accomplishments (describe work performed):			

Employer	Phone	From Month                      Year	To Month                      Year
Address    Number        Street	City		State                      Zip
Name, title, and telephone number of supervisor(s):		Reason for leaving:	
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Address    Number        Street	City		State                      Zip
Name, title, and telephone number of supervisor(s):		Reason for leaving:	
Your position:			
Duties and accomplishments (describe work performed):			

If you have a resume, please include it as part of your application.

I certify that the information in this application and any resume that I submit are true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge if discovered at a later date.

I authorize any of the persons or organizations referenced in this application to give Electroswitch any and all information concerning my previous employment, education or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and I release all such parties from liability for any damage that may result from furnishing such information to Electroswitch and I release Electroswitch and its representatives from liability for seeking such information.

I agree to abide by the rules and regulations of the Company and acknowledge that the Company may change, interpret, withdraw, or add to these rules and regulations at any time with or without prior notice.

If employed, I understand that my employment is at-will, which means that it can be terminated, without cause, with or without prior notice, at any time, by either the Company or me.

Neither this application, nor any handbook, directive, employee manual, company policies and procedures or statements by any employee or member of management shall alter the above described at-will status of my employment with Electroswitch.

This application will remain active for 90 days from the date it is submitted.

I understand and agree that an offer of employment is conditional upon my successfully completing a background investigation and may also be contingent upon taking a medical examination, at the Company's expense which may include drug and alcohol screening tests.

I understand that by using this form, the Company is not indicating that there are any position openings; nor does use of this form in any way obligate the Company.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liabilities.

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Applicant's Signature

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Date