



# VUTEC CORPORATION

2741 N.E. 4<sup>TH</sup> AVE., POMPANO BEACH, FLORIDA 33064

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

DATE \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

NAME

LAST

FIRST

MIDDLE

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

PERMANENT ADDRESS (If different than above)

STREET

CITY

STATE

ZIP CODE

HOME PHONE NO.

BUSINESS PHONE NO.

REFERRED BY:

### EMPLOYMENT DESIRED

POSITION

START DATE

SALARY DESIRED

ARE YOU EMPLOYED

IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE?

WHERE?

WHEN?

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
MIDDLE SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENC SCHOOL				

### KNOWLEDGE / SKILLS / ABILITIES (KSAs)

List KSAs you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, etc.

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# **BACKGROUND INFORMATION**

U.S. MILITARY OR PRESENT MEMBERSHIP  
NAVAL SERVICE RANK IN NATIONAL GUARD OR RESERVES

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HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_ YES \_\_\_ NO  
IF yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation \_\_\_\_\_

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NOTE: A yes answer to these questions will not automatically bar you from employment. The nature, job relatedness, severity and date of the offense in relation to the position for which you are applying are considered.

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## **CITIZENSHIP**

The State of Florida hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide certification and proof of citizenship or authorization to work in the U.S.

ARE YOU A U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? \_\_\_ YES \_\_\_ NO

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## **RELATIVES**

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS COMPANY \_\_\_ YES \_\_\_ NO

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**WORK EXPERIENCE:** Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name.

NAME OF PRESENT OR LAST EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SALARY \_\_\_\_\_ PHONE NO. (\_\_\_\_) \_\_\_\_\_

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ HOURS PER WEEK: \_\_\_\_ (\_\_\_\_)  
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME, IF DIFFERENT

**DUTIES AND RESPONSIBILITIES:** \_\_\_\_\_

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REASON FOR LEAVING \_\_\_\_\_

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**WORK EXPERIENCE:** Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name.

NAME OF PRESENT OR LAST EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SALARY \_\_\_\_\_ PHONE NO. (\_\_\_\_) \_\_\_\_\_

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ HOURS PER WEEK: \_\_\_\_ (\_\_\_\_)  
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME, IF DIFFERENT

**DUTIES AND RESPONSIBILITIES:** \_\_\_\_\_

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REASON FOR LEAVING \_\_\_\_\_

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**WORK EXPERIENCE:** Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name.

NAME OF PRESENT OR LAST EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SALARY \_\_\_\_\_ PHONE NO. (\_\_\_\_\_) \_\_\_\_\_

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ (\_\_\_\_\_)  
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME, IF DIFFERENT

**DUTIES AND RESPONSIBILITIES:** \_\_\_\_\_

**REASON FOR LEAVING** \_\_\_\_\_

**SPECIAL QUESTIONS**

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS/

- HEIGHT \_\_\_\_\_ FEET \_\_\_\_\_ INCHES
- DATE OF BIRTH\* \_\_\_\_\_
- WEIGHT \_\_\_\_\_ LBS.
- HAVE YOU EVER BEEN INJURED ON THE JOB? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, EXPLAIN \_\_\_\_\_

\*THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE.

**REFERENCES** GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS/TELEPHONE	BUSINESS	YEARS KNOWN

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

THIS FORM HAS BEEN DESIGNED TO COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING DISCRIMINATION ON THE BASIS OF AN APPLICANT'S SEX OR MINORITY STATUS. QUESTIONS DIRECTLY OR INDIRECTLY REFLECTING SUCH STATUS HAVE BEEN INCLUDED ONLY WHERE NEEDED TO DETERMINE A BONA FIDE OCCUPATIONAL QUALIFICATION OR FOR OTHER PERMISSIBLE PURPOSES. SUCH QUESTIONS ARE APPROPRIATELY NOTED ON THE APPLICATION NOTWITHSTANDING THESE EFFORTS. THE MANUFACTURER OF THIS FORM ASUMES NO RESPONSIBILITY AND HEREBY DISCLAIMS ANY LIABILITY FOR INCLUSION IN THIS FORM, OF ANY QUESTIONS UPON WHICH A VIOLATION OF STATE AND FEDERALF AIR EMPLOYMENT PRACTICE

**VUTEC CORPORATION DRUG-FREE WORK FORCE POLICY**

Vutec Corporation's drug-free policy prohibits the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance or alcohol by an employee. If this policy is violated, disciplinary action up to and including termination will be necessary.

Based on this drug-free policy, it is the company's hiring practice to ask all new employees to go to a laboratory of our choice for drug testing. All results are kept strictly confidential. Be assured the purpose of this test is not to entrap anyone. It is to provide objective evidence that you will be part of a Drug Free Work Force.

I have read and acknowledge the information provided and understand Vutec Corporation's guide to a Drug Free Work Force and SMOKE FREE ENVIRONMENT.

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Name (Please Print)	Signature	Date
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**Vutec Corporation / Reglamento Contra El Uso de Sustancias Estupefacientes**

Vutec Corporation pide como requisito, que el empleado(a) se someta a un examen contra el uso de sustancias estupefacientes al momento de ser contratado. El empleado(a) tendrá que presentarse a un laboratorio o centro médico de nuestra elección para el procedimiento de este examen. Los resultados de este son estrictamente confidenciales, y garantizan que usted trabajará en un área libre del uso de este tipo de sustancias.

Vutec Corporation prohíbe rotundamente la fabricación, distribución, posesión, y/o uso de cualquier producto o sustancia estupefaciente. Si este reglamento es violado por algun empleado(a), se pondrán en práctica la implementación de medidas extremas incluyendo la finalización del término laboral con esta compañía.

Yo, \_\_\_\_\_ admito tener conocimiento pleno de los reglamentos provistos por Vutec Corporation relacionados al area de trabajo y el uso de sustancias estupefacientes. También admito que he sido informado acerca del uso de cigarrillos en la planta y/o area laboral.

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

