

# APPLICATION FOR EMPLOYMENT



The employment policy of Unitron Incorporated is to provide an equal employment opportunity for all qualified employees and applicants without regard to race, color, religion, sex, age or national origin.

10925 Miller Road, Dallas, TX 75238  
214/340-8600

PERSONAL					
LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER		DATE
RESIDENT ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE	AVAILABLE TO WORK?
OTHER ADDRESS (IF ANY)	CITY	STATE	ZIP CODE	TELEPHONE	ARE YOU ON LAYOFF & SUBJECT TO RECALL? <input type="checkbox"/> YES <input type="checkbox"/> NO
POSITION FOR WHICH APPLYING				SALARY REQUIRED	DATE AVAILABLE
ARE YOU A FORMER UNITRON EMPLOYEE? IF YES, WHEN & WHERE WERE YOU A FORMER UNITRON EMPLOYEE?			<input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU A U.S. CITIZEN OR DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO ANY OF YOUR FRIENDS OR RELATIVES WORK FOR UNITRON? IF YES, LIST NAMES:			<input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU READ, WRITE AND SPEAK ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO
Employment Source (Please check appropriate box): <input type="checkbox"/> Advertisement <input type="checkbox"/> Unitron Employee Referral <input type="checkbox"/> Self-initiated <input type="checkbox"/> Employment Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Other			(FOR OFFICE USE ONLY)		

EDUCATION					
TYPE OF SCHOOL	NAME OF SCHOOL CITY & STATE	YEARS COMPLETED (CIRCLE)	GRAD Yes or No	DEGREE GRANTED AND MAJOR FIELD OF STUDY	ADDITIONAL INFORMATION
HIGH SCHOOL		9 10 11 12			
COLLEGE		1 2 3 4			
OTHER *					
OTHER *					

\* List Apprentice Programs, Technical Schools (including Service Schools), and any other special training school.

(FOR OFFICE USE ONLY)

SPECIAL ACTIVITIES			
LIST ACTIVITIES PARTICIPATED IN SINCE LEAVING SCHOOL AND/OR LAST FIVE YEARS. DO NOT LIST MILITARY, RACIAL, RELIGIOUS OR NATIONALITY GROUPS.			
NAME OF ORGANIZATION	WHEN DID YOU PARTICIPATE?		OFFICES HELD DURING LAST FIVE YEARS AND OTHER SIGNIFICANT ACTIVITIES
	FROM	TO	
WHAT HOBBIES DO YOU HAVE?			

HEALTH	
DO YOU HAVE ANY PHYSICAL, MENTAL, OR MEDICAL IMPAIRMENT OR DISABILITY THAT WOULD LIMIT YOUR JOB PERFORMANCE FOR THE POSITION FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE DESCRIBE:

MILITARY SERVICE			
HAVE YOU EVER SERVED IN THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT BRANCH?	ACTIVE DUTY DATES FROM TO	
DUTIES PERFORMED		HIGHEST RANK	RANK AT SEPARATION

LAST NAME
FIRST NAME
POSITION
MONTH

# WORK EXPERIENCE

List in order starting with most recent employment. Account for time, whether employed or not. Recent graduates should show employment during summer vacation periods and while attending school. Use additional sheets if necessary.

NAME OF PRESENT OR LAST EMPLOYER				TYPE OF BUSINESS		ADDRESS		TELEPHONE
STARTING DATE		LEAVING DATE		STARTING PAY	FINAL PAY	REASON FOR LEAVING	MAY WE CONTACT NOW?	
MONTH	YEAR	MONTH	YEAR					
JOB TITLE (PRESENT OR LAST)				NAME OF SUPERVISOR AND TITLE				
DESCRIPTION OF WORK AND RESPONSIBILITIES								
(FOR OFFICE USE ONLY)								

NAME OF PREVIOUS EMPLOYER				TYPE OF BUSINESS		ADDRESS		TELEPHONE
STARTING DATE		LEAVING DATE		STARTING PAY	FINAL PAY	REASON FOR LEAVING	MAY WE CONTACT NOW?	
MONTH	YEAR	MONTH	YEAR					
LAST JOB TITLE				NAME OF SUPERVISOR AND TITLE				
DESCRIPTION OF WORK AND RESPONSIBILITIES								
(FOR OFFICE USE ONLY)								

NAME OF PREVIOUS EMPLOYER				TYPE OF BUSINESS		ADDRESS		TELEPHONE
STARTING DATE		LEAVING DATE		STARTING PAY	FINAL PAY	REASON FOR LEAVING	MAY WE CONTACT NOW?	
MONTH	YEAR	MONTH	YEAR					
LAST JOB TITLE				NAME OF SUPERVISOR AND TITLE				
DESCRIPTION OF WORK AND RESPONSIBILITIES								
(FOR OFFICE USE ONLY)								

## SPECIAL SKILLS SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS.


## DECLARATION READ THIS CAREFULLY.

DURING THE PAST FIVE YEARS, HAVE YOU BEEN CONVICTED OF, OR HAVE YOU PLEADED GUILTY OR NO CONTEST (NOLO CONTENDERE) TO A FELONY OFFENSE?  YES  NO  
 IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER. (Answering YES will not automatically bar you from employment. However, we would appreciate an explanation.)

HAVE YOU EVER BEEN DENIED A SURETY BOND?  YES  NO IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS ACCURATE AND COMPLETE AND SUBJECT TO VERIFICATION BY UNITRON INCORPORATED. I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF FACTS OR CIRCUMSTANCES THAT WOULD BE DETRIMENTAL TO THE APPLICATION MAY BE SUFFICIENT CAUSE FOR TERMINATION. I UNDERSTAND THAT EMPLOYMENT IS CONTINGENT UPON MY PASSING A DRUG SCREEN AND THAT ALL NEW EMPLOYEES ARE ON A 90-DAY INTRODUCTORY PERIOD.

SIGNATURE OF APPLICANT	DATE
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## FOR PERSONNEL DEPARTMENT USE ONLY

INTERVIEWER	DATE	REMARKS	
INTERVIEWER	DATE	REMARKS	
DATE OF HIRE	POSITION TITLE	RATE	SUPERVISOR MANAGER