



EMPLOYMENT APPLICATION

Cannon Instrument Company is an equal opportunity employer and does not discriminate against otherwise qualified applicants, on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Personal:

Name _____ Date _____
Last First Middle

Address _____
Number & Street City State Zip Code

Position Sought _____ Full Time Part Time

Date Available _____ Salary Desired _____ Phone Number _____

Social Security Number _____ Are you over 18 years old? Yes No

Are you legally eligible for employment in the United States? Yes No
(If offered employment, you will be required to provide documentation to verify eligibility.)

Education: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: No. of Yrs Completed (circle one) 1 2 3 4

Diploma: Yes No **G. E. D.:** Yes No

School(s) _____ City/State _____

College and/ or Vocational School: No. of Yrs Completed (circle one) 1 2 3 4

School(s) _____ City/State _____

Major _____ Degrees Earned _____

Other Training or Degrees:

School(s) _____ City/State _____

Course _____ Degree Earned _____

This application for employment is good for 30 days only. Consideration for employment after 30 days requires a new application.

Record of Conviction:

During the last ten years, have you ever been convicted of a crime other than minor traffic offense?

___ Yes ___ No

If yes, explain: _____
(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)

Employment: List last employer first, including U.S. Military Service.

May we contact your present employer? ___ Yes ___ No
If any employment was under a different name, indicate name _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____ FT ___ PT ___ No. of Hrs. ___

Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____ FT ___ PT ___ No. of Hrs. ___

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Salary _____ Supervisor _____ Department _____

Duties _____ FT ____ PT ____ No. of Hrs. ____

Reason for Leaving _____

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job? ____ Yes ____ No

If yes, explain: _____

References:

Professional

Personal

Name _____

Name _____

Address _____

Address _____

Phone () _____

Phone () _____

Name _____

Name _____

Address _____

Address _____

Phone () _____

Phone () _____

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Cannon Instrument Company to verify their accuracy and to obtain reference information on my work performance. I hereby release Cannon Instrument Company from any/all liability of whatever kind and nature, which, at any time, could result from obtaining and having an employment decision, based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either, the Employer or I may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ Date _____