



# APPLICATION FOR EMPLOYMENT

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, NATIONAL ORIGIN, VETERAN STATUS, DISABILITY, AGE, SEXUAL ORIENTATION, CITIZENSHIP, MARITAL STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS.

NAME (LAST, FIRST, MIDDLE NAME – AS SHOWN ON SOCIAL SECURITY CARD) PLEASE PRINT		EVER CONVICTED OR PLEADED GUILTY TO A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PRESENT ADDRESS (STREET, CITY, STATE ZIP CODE)		ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PREVIOUS ADDRESS (STREET, CITY, STATE ZIP CODE)		HAVE YOU EVER HELD A DoD SECURITY CLEARANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
AREA CODE / TELEPHONE NUMBER ( ) ( )	CELL ( ) ( )	ARE YOU AGE 18 OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT LEVEL? _____
REFERRED TO MICRO CRAFT BY: <input type="checkbox"/> AD <input type="checkbox"/> AGENCY <input type="checkbox"/> OTHER:		EMPLOYMENT IS CONTINGENT UPON SUCCESSFUL GRANTING OF A U.S. GOVERNMENT SECURITY CLEARANCE. AN EXTENSIVE BACKGROUND CHECK, AND DRUG SCREEN, ASSOCIATES AND FAMILY INTERVIEWS, AND POLY GRAPH TESTING MAY BE PERFORMED.	

POSITION APPLYING FOR TODAY	DATE YOU CAN START / /
CAN YOU WORK THE FOLLOWING: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> OVERTIME <input type="checkbox"/> ALL SHIFTS <input type="checkbox"/> WEEKEND	

HAVE YOU EVER WORKED FOR MICRO CRAFT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATES EMPLOYED / /	REASON FOR LEAVING?
ARE ANY RELATIVES OTHER THAN A SPOUSE EMPLOYED BY MICRO CRAFT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE NAME (S):	

<b>MILITARY</b>	HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH OF SERVICE:
BRIEFLY DESCRIBE SERVICE DUTIES THAT WOULD RELATE TO THE POSITION YOU ARE SEEKING:		

EDUCATION	NAME OF SCHOOL AND LOCATION (City & State Required)	COURSE OF STUDY	GRADUATED	TYPE OF DEGREE RECEIVED
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED	
COLLEGE / UNIVERSITY			<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
VOCATIONAL SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER			<input type="checkbox"/> YES <input type="checkbox"/> NO	

PLEASE LIST TITLES FOR ANY PATENTS, PAPERS, THESES, OR ARTICLES


**REFERENCES:** List three non-relatives who you have known at least one year. Include people with whom you have worked.

NAME	PHONE	ADDRESS (City and State required)	PROFESSION	YEARS KNOWN

**APPLICATION FOR EMPLOYMENT (cont'd)**

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

**WORK RECORD**

LIST YOUR ENTIRE EMPLOYMENT HISTORY STARTING WITH MOST CURRENT POSITION. DO NOT PUT "SEE RESUME". IF NEEDED YOU MAY ATTACH A SEPARATE SHEET OF PAPER.

LAST OR PRESENT WORK					2			
COMPANY								
ADDRESS								
CITY & STATE								
JOB TITLE								
DATES	FROM:		TO:		FROM:		TO:	
PAY	START:		LAST:		START:		LAST:	
SUPERVISOR	NAME:				NAME:			
	PHONE NO.:				PHONE NO.:			
WHAT DID YOU DO? (USE EXTRA SHEET IF NEEDED)					WHAT DID YOU DO? (USE EXTRA SHEET IF NEEDED)			
WHY DID YOU LEAVE? (OR, WHY ARE YOU LEAVING?)					WHY DID YOU LEAVE?			

3				4				5				
COMPANY												
ADDRESS												
CITY & STATE												
JOB TITLE												
DATES	FROM:		TO:		FROM:		TO:		FROM:		TO:	
PAY	START:		LAST:		START:		LAST:		START:		LAST:	
SUPERVISOR	NAME:				NAME:				NAME:			
	PHONE NO.:				PHONE NO.:				PHONE NO.:			
WHAT DID YOU DO? (USE EXTRA SHEET IF NEEDED)												
WHY DID YOU LEAVE?												

LIST ALL PERIODS OF UNEMPLOYMENT	HOW DID YOU SPEND THIS TIME?

I certify that the information provided in this application (and accompanying resume, if any) is true and complete, and I understand that any false or misleading information or omissions may disqualify me from further consideration for employment, and may lead to my termination from employment if discovered at a later date.

Any offer of employment I may receive from Micro Craft is contingent upon my successful completion of the total screening process, which may include passing a controlled substance test, completing a physical or fitness for duty examination, providing proof of authorization to work in the U.S., passing a background check, providing satisfactory references, meeting security clearance and export / import compliance requirements, etc.

I authorize and request that any person, school, current employer, past employer(s), and organizations named in this application (and accompanying resume, if any) provide Micro Craft with any requested information and opinion, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, and I release such persons and organizations from any legal liability or damages arising from furnishing the requested information.

This application will be considered for the position applied for and is active for no more than 90 days. Any applicant wishing to be considered for employment beyond 90 days will need to inquire whether applications are being accepted at that time. Applications are only accepted for open positions.

There is no employment contract between me and the Company. I understand that all employment at Micro Craft is at the mutual will of Micro Craft and the employee and either party may terminate the employment relationship at any time and for any reason, with or without cause or notice. It is understood that this "at will" employment relationship may not be altered by conduct, oral promise, or written document, unless such change is acknowledged in writing by the CEO.

APPLICANT SIGNATURE:	DATE:	MAY WE CONTACT YOUR PRESENT EMPLOYER?
	/ /	<input type="checkbox"/> YES <input type="checkbox"/> NO

