

Referred by: \_\_\_\_\_

Today's Date: \_\_\_\_\_

## SSI TECHNOLOGIES, INC. FULL-TIME EMPLOYMENT APPLICATION

SSI Technologies is an equal opportunity employer and does not discriminate on the basis of age, race, creed, color, handicap, marital status, sex, national origin, ancestry, sexual orientation, arrest or conviction record, or veteran status.

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ Are you 18 years or older? Yes  No

Are you legally eligible for employment in the United States? Yes  No

Have you ever worked for SSI Technologies before? Yes  No

If yes, dates of employment \_\_\_\_\_ Under any other names? \_\_\_\_\_

Which Division of SSI are you applying for?  Controls  Sintered Specialties  Either

What position are you seeking? \_\_\_\_\_

When are you available to start? \_\_\_\_\_

Shift Preference 1st  2nd  3rd  Desired Salary \_\_\_\_\_

### EDUCATIONAL BACKGROUND

Name and Location of School	Course Of Study	Diploma/ Degree	GPA

Do you possess any of the listed skills and experiences? Soldering  Molding

SPC  Micrometers  Calipers

Describe any other training programs or skills that you believe qualify you for the position you seek or which make you a desirable applicant:

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**EMPLOYMENT HISTORY** (Please list most recent or present employer first)

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

\_\_\_\_\_ Position Held: \_\_\_\_\_

List of Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

\_\_\_\_\_ Position Held: \_\_\_\_\_

List of Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

\_\_\_\_\_ Position Held: \_\_\_\_\_

List of Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Have you ever been discharged or disciplined by an employer? Yes  No

If yes, explain \_\_\_\_\_

I certify that the information contained in this application is true and complete to the best of my knowledge and authorize SSI Technologies, Inc. to investigate all statements made, and understand that the falsification of this application in any detail may result in disqualification from further consideration or dismissal from employment. I release every person seeking or providing information from all liability or legal claims. I understand that employment with SSI Technologies, Inc. is at will, terminable at any time by SSI Technologies, Inc. at its sole discretion, with or without cause, and with or without notice. I further understand that such employment is not contractual, and remains as such unless and until a written contract expressly authorized by the Board of Directors is entered into and executed in writing by me and SSI Technologies, Inc., and that no contract is formed or offered by this application or any employment handbook. I understand that employment with SSI Technologies, Inc. is pursuant to terms and conditions established by SSI Technologies, Inc. which are subject to change without notice.

I certify that I have read and understand the above verification.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## INVITATION TO APPLICANTS TO SELF-IDENTIFY FOR AFFIRMATIVE ACTION RELATED PURPOSES

This company prepares affirmative action plans that cover females, minorities, and certain other individuals. This survey is meant to help the company fulfill various objectives in these affirmative action plans.

**PLEASE NOTE: You are not required to complete any part of this form.** The decision not to complete this form will not affect any opportunity for employment or any benefits with the company. Any information you provide in this survey will be kept confidential and will not be used in any way that may adversely affect your employment with this company.

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

Position you are applying for: \_\_\_\_\_

How were you referred to the company? \_\_\_\_\_

### AFFIRMATIVE ACTION RELATED DATA (Please check appropriate boxes)

**Sex:**  Male

Female

**Ethnicity:**  Hispanic (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Not Hispanic

**IF** you checked "Not Hispanic" above, please check **one or more** of the boxes below.

**Race:**  White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Asian/Indian Subcontinent (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

Black/African American (A person having origins in any of the Black racial groups of Africa.)

Native American/Alaskan Native (A person having origins in any of the original peoples of North and South America [including Central America], and who maintains tribal affiliation or community attachment.)