



LASER PHOTONICS
 1101 N. KELLER RD, SUITE G
 ORLANDO, FL 32810
 WWW.LASERPHOTONICS.COM

APPLICATION FOR EMPLOYMENT

Please Print All Information

Date: July 11, 2019

Last Name: _____ **First Name:** _____ **Middle Name:** _____
Address: _____ **Number:** _____ **Street:** _____
City: _____ **State:** _____ **Zip Code:** _____

Telephone Numbers: _____ **Social Security Number:** _____

Position Applied For: _____

Shifts willing to work: (check all that apply)

First Shift Second Shift Third Shift

Salary or Hourly Rate expected: _____ week hour (circle one)

Have you ever been employed by us before? Yes No

If Yes, Date:

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you 18 Years or older? Yes No

Are you prevented from lawfully becoming employed in this country due to Visa or Immigration status? Yes No
(Proof of citizenship or immigration status is required upon employment.)

You are available to work: Full Time Part Time Temporary

Date you can begin work:

Have you been convicted of a crime within the last seven (7) years? Yes No

(Other than a traffic violation.) (Conviction will not necessarily disqualify an applicant from employment)

If yes, please explain:

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Have you ever plead guilty or no contest to, or been convicted of any criminal offense?

Yes No

Have you ever been arrested for any matters for which you currently are out on bail or on your own recognizance pending trial?

Yes No

CRIMINAL OFFENSES ONLY: If you answered Yes, to either of the above two questions, please provide the date(s) and explain in accordance with the above instructions so that individual circumstances can be considered.

Criminal convictions or arrests will not automatically disqualify an applicant from a particular job. The Company will consider the nature of the crime, its seriousness, the substantial relation to the position's functions and qualifications, the number of occurrences, the applicant's age at the time of the crime, the time elapsed since the crime, the applicant's entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by law.

Have you ever initiated an act of violence in the workplace? Yes No

If Yes, please provide the date(s) and explain so that individual circumstances can be considered. (A "Yes" answer will not necessarily disqualify you from employment.)



Application For Employment

Education

School Name	In Progress/Completed	Major	Diploma/Degree
High School:			
College:			
Technical/Other:			

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If your resume does not reflect the following information, please list below all present and past employment, beginning with your most recent. All times must be accounted for whether employed or not. Attach an additional sheet if necessary.

Name and Address of Company and Type of Business	From		To		Your Title & Primary Responsibilities	Weekly Start Salary or Hourly Rate	Weekly End Salary or Hourly Rate	Reason for Leaving	Name, Title and Phone Number of Your Supervisor
	MO	YR	MO	YR					

Describe in detail any specialized training, computer or office equipment skills, certification, licenses or on-the-job training programs you have completed:

LICENSES AND CERTIFICATIONS:

Please list any licenses or certifications held and the dates obtained: (CDL, Skilled Trade License, etc.)

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

SKILLS AND ABILITIES:

Where applicable, please rate the following skills and abilities from 1 to 5 (improvement needed - expert).

SOFTWARE		HARDWARE		PROFESSIONAL	
Borland Compilers	1 2 3 4 5	Computer Systems	1 2 3 4 5	Documentation	1 2 3 4 5
Microsoft Compilers	1 2 3 4 5	Computer Components	1 2 3 4 5	Communication	1 2 3 4 5
Visual Basic	1 2 3 4 5	Micro controllers	1 2 3 4 5	Presentation	1 2 3 4 5
Lab View	1 2 3 4 5	Analog Electronics	1 2 3 4 5	Travel	1 2 3 4 5
Flowcharts	1 2 3 4 5	Digital Electronics	1 2 3 4 5	Email	1 2 3 4 5
Circuit Simulation/Layout	1 2 3 4 5	HW Debug Tools	1 2 3 4 5	Internet	1 2 3 4 5
Do you have an appropriate valid driver's license?	<input type="checkbox"/> Yes	SW Debug Tools	1 2 3 4 5		
Do you own a vehicle?	<input type="checkbox"/> Yes	Soldering	1 2 3 4 5		
		Wiring	1 2 3 4 5		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

PERSONAL REFERENCES:

Name:	Company:	Phone:
Address:		Relationship:
City/ State/ Zip:		
Name:	Company:	Phone:
Address:		Relationship:
City/ State/ Zip:		
Name:	Company:	Phone:
Address:		Relationship:
City/ State/ Zip:		

APPLICANT'S STATEMENT AND CONDITIONS OF EMPLOYMENT

(Please read carefully before signing.)

I certify that the answers given by me in this employment application are true, correct and complete. I agree that the company shall not be liable, in any respect, if my employment is terminated because of misstatements or pertinent omissions made by me in this application. Moreover, I understand that all offers of employment are contingent upon passing the company's prescribed physical examination, drug screen and background screening program in place.

I agree, as a condition of my employment, to submit to a medical examination, blood test, or urinalysis test if requested and paid for by the company. I further agree to the search or examination of myself or personal property while on the company's premises or while conducting its business elsewhere, I also authorize any company, school, police or security personnel, or other person to give any information regarding my employment, habits, ability, or any other characteristics whatsoever, together with any information they have regarding me whether or not it is in their records. I hereby release all physicians, examiners, companies, schools, or other persons from liability for any damages whatsoever for such testing, examining, or issuing this information. It is agreed and understood that completion of this application does not mean a job opening exists and in no way obligates the company to employ me.

In the event of employment, I will comply with all company rules and regulations as established from time to time including the company's substance abuse policy. I am willing to work all assigned overtime or other special work assignments as requested by the company. Furthermore, since the company does not offer contracts of employment (unless signed by the President), I understand that nothing contained herein is intended to create a contract between the company and me for either employment or the provision of any compensation or benefits. I understand that I have the right to terminate my employment at any time and likewise, the company has the same right.

I hereby understand and acknowledge that any employment relationship with this Company is of an "At-Will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time, with or without notice, with or without cause. It is further understood that this "At-Will" employment relationship may not be changed by any written document or by verbal agreement unless such change is specifically acknowledged in writing by an authorized Executive of this Company. I also understand that Fonon Corporation retains the right to amend, modify, add or delete any or all policies or procedures at its sole and absolute discretion.

During my employment with Fonon Corporation and after my employment ends, I agree not to disclose any confidential or proprietary information regarding operating and trade secrets. I further agree that with respect to any civil litigation involving Fonon Corporation in which I am a potential witness and which does not involve an actual or potential claim by me personally, I will not discuss the facts of the case with any third parties without first notifying Fonon Corporation or unless a representative or attorney of Fonon Corporation present. A copy of this form may be used as the original. The use of results from this form and/or tests will be used for prudent employment decisions.

This application is valid for sixty days from the application date unless renewed in person or in writing.

Applicant's Signature: _____

Date: _____