

Revision: D Date: 02/05/2019

Process owner: HR

Fiberoptics Technology Inc. is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

Date of	Application	Posi	tion Applied for			
	me	First		Middle		
Address	S	City				
Zip Cod	le Phone		_ Alt. Phone	E-mail		
1.	How did you hear about Newspaper Ad Current FTI Employee	Employment	Agency	Other		
2.	Are you a citizen of the	United States	?		Yes	No
3.	Are you legally eligible to (Proof of eligibility will b			ent)	Yes	No
4.	Are you over the age of (If no, you may be requi		e authorization)		Yes	No
5.	Can you with or without functions of this job? (If you have any question.)		·	orm the essential  please ask the interview	Yes er before ansı	No wering
6.	Have you ever applied t				Yes	No
7.	Have you ever worked a (If yes, please give date				Yes	No
8.	Do you have any relativ If yes, please give name				Yes	No
9.	What salary or rate of p	ay do you exp	ect to receive if em	ployed?		
10.	Are you seeking	Full time em	oloyment	Part time		
11.	Shift preference	1 2	No preference			
12.	Will you work overtime i	if required?			Yes	No
13.	On what date will you be	e available to	work?			



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	Name and Location of School	Course of Study or Major	# of Years Completed	•	
				Yes	No
College				Yes	No
Graduate				Yes	No
Vocational				Yes	No
	list any academic honors, scholarsl eligion, gender, national origin, age,	hips, offices held, etc. (Do not list an , disabilities or veteran status.)	y which refle	ct you	r race,
	ne any specialized training, licensing ogy/word processing etc).	g, apprenticeships, or skills (e.g. job	related traini	ng; coi	mputer
17. Have y training		in the U.S. Military? (if so, please e.	xplain and da	ates of	

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# 18. EMPLOYMENT HISTORY (Begin with current or most recent employer.)

Do not exclude any employment. Include any applicable temporary employment. Attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at FTI.

May we contact your c	urrent supervisor?	Yes No			
Company Name	Name/Title of Supervis				
Address		City			St
Phone	Name/Title of Supervis	or			· · · · · · · · · · · · · · · · · · ·
Employment Dates:	StartEnd	d			
Describe your Duties_					
Reason for leaving and	d explanation				
Company Name	Name/Title of Supervis				
Address		City			St
Phone	Name/Title of Supervis	or			
Describe your Duties_					
Reason for leaving and	d explanation				
Company Name					
Address		City			St.
Phono	Name/Title of Supervis	or			Si
Employment Dates:	StartEnd	٠ ا			<del></del>
Peacon for leaving and	l explanation				
Treason for leaving and	copialiation				
19 REFERENCES: P	lease list three persons,	who are not rel	ated to you or pre	vious sune	rvisors who can
provide professional re		Wild all flot for	ated to you or pre	vious supe	i viocio, wilo cali
Name	101011000.				
Address	C	itv		St	
Phone	Years Known	<u> </u>		<u> </u>	
Relationship/Occupation	C Years Known_ on	· · · · · · · · · · · · · · · · · · ·			
rtolationomp/ Goodpatic				· · · · · · · · · · · · · · · · · · ·	
Name	C Years Known_				
Address	С	ity		St	
Phone	Years Known				
Relationship/Occupation	on				
Name					
Address	С	itv		St	
Phone	C Years Known_				
Relationship/Occupation	on				



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#### APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

#### \*PLEASE READ CAREFULLY BEFORE SIGNING\*

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that. should an offer of employment be extended by Fiberoptics Technology Inc. (hereinafter referred to as "FTI") that such employment with FTI is at will, for no specified duration and may be terminated by either FTI or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures. actions, statements of FTI or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of FTI except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of FTI.

In consideration for employment with FTI, if employed, I agree to conform to the rules, regulations, policies and procedures of FTI at all times and understand that such obedience is a condition of employment. I understand that due to the nature of FTI business, attendance and punctuality are considered essential requirements of every job at FTI and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with FTI, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these preemployments tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I understand that employees who drive Company vehicles on Company business will be required to maintain a valid driver's license and a driving record which meets the requirements of the Company's insurance carrier.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to FTI and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND	AGREE TO THE ABOVE STATEMENTS.
Signature	Date
Date of Birth	Social Security No
Name and number of person completing this form if other than	applicant:

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# **Voluntary EEO Information**

Fiberoptics Technology, Inc. is an Equal Opportunity Employer. The federal government requires us to collect the information requested below for periodic reporting. It also is used to help us improve our recruiting programs. Please be aware that, as an applicant, you are not required to provide this information, and any information you do provide will be treated confidentially and will be stored separately from your application and other documents used to make employment decisions. If you choose not to provide this information, your decision will not affect your application. Thank you for your cooperation.

Name:			
1. Ethnicity:	☐ Choose not to disclose		
	☐ Hispanic or Latino		
	☐ Not Hispanic or Latino		
2. Race:	☐ Choose not to disclose		
(You may 🔲 American Indian or Alaska Native			
select one	select one 👊 Asian		
or more	☐ Native Hawaiian or Other Pacific Islander		
races)	☐ Black or African American		
	☐ White		
3. Gender:	☐ Choose not to disclose		
	☐ Male		
	☐ Female		
Signature: _		Date:	

### **Definitions**

#### **Ethnicity**

• <u>Hispanic or Latino</u>: a person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.

### Race

- <u>American Indian or Alaska Native</u>: 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.
- <u>Asian</u>: 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.
- <u>Native Hawaiian or Other Pacific Islander</u>: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Black or African American: a person having origins in any of the black racial groups of Africa.
- White: a person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

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