



granite MEDSYSTEMS

A Division of Granite Microsystems



granite OEMSYSTEMS

A Division of Granite Microsystems

APPLICATION FOR EMPLOYMENT

[AN EQUAL OPPORTUNITY EMPLOYER]

PERSONAL INFORMATION

NAME _____ DATE _____
 SOCIAL SECURITY NUMBER _____

LAST FIRST MIDDLE

PRESENT ADDRESS _____
 STREET CITY STATE ZIP

PERMANENT ADDRESS _____
 STREET CITY STATE ZIP

PHONE NO. _____ ARE YOU 18 YEARS OR OLDER? YES NO

Are you eligible to be lawfully employed in the U.S.? ____ Yes ____ No

Have you ever been convicted of a felony or misdemeanor or do you have any pending arrests? * ____ Yes ____ No

If yes, please provide offenses, dates, and state. _____

* You will not be denied employment solely because of a conviction record or pending arrest, unless the offense is substantially related to the job for which you have applied.

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ WAGE/SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

ARE YOU RELATED TO ANYONE WHO CURRENTLY WORKS FOR THIS COMPANY?
 IF YES, WHAT IS THE RELATION: _____

HOW WERE YOU REFERRED TO THE COMPANY? Newspaper Ad Internet Posting Referral _____
 School/Agency Granite Website Other _____

EDUCATION

Education Level	Name and Location of School	No. of Years Attended	Did You Graduate?	Subjects Studied
High School	_____	_____	_____	_____

College	_____	_____	_____	_____

Trade, Business or Correspondence School	_____	_____	_____	_____

SPECIAL SKILLS/ TRAININGSUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:

LIST ANY RELEVANT TRAINING PROGRAMS COMPLETED:

EMPLOYMENT HISTORY [LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST]

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: LIST INDIVIDUALS FAMILIAR WITH YOUR JOB QUALIFICATIONS (NO RELATIVES OR PERSONAL FRIENDS)

	NAME	RELATIONSHIP	PHONE #	BUSINESS	YRS ACQUAINTED
1.					
2.					
3.					

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION AND MY RESUME, IF I HAVE SUBMITTED ONE, ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT FALSIFIED STATEMENTS ON THIS APPLICATION OR ON MY RESUME SHALL DISQUALIFY ME FROM EMPLOYMENT WITH GRANITE MICROSYSTEMS, OR, IF EMPLOYED, SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY CAUSE OR PRIOR NOTICE."

DATE

SIGNATURE

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.