



An Equal Opportunity Employer- A Drug Free Work Place

# APPLICATION FOR EMPLOYMENT

(Must Be Completed In Full Even If Attaching a Personal Resume)

Continental Electronics Corp,  
4212 S, Buckner Blvd.  
Dallas, Texas 75227  
(214) 381-7161

PERSONAL

NAME: Please PRINT or TYPE Last Name, First Name and Middle Initial \_\_\_\_\_ Social Security Number \_\_\_\_\_

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ADDRESS: Street Number and Name, City, State, Zip Code, How long at present address? \_\_\_\_\_ Home Telephone Number ( ) \_\_\_\_\_

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Permanent Forwarding Address (if different from above) \_\_\_\_\_ Are you 18 years old or over? Yes  No

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Have you previously applied for work at Continental Electronics Corp. Yes  No  If yes, when? \_\_\_\_\_ If under the age of 18, do you have a work permit? Yes  No

Have you previously been employed by Continental Electronics Corp, Yes  No  If yes, dates: from \_\_\_\_\_ to \_\_\_\_\_

How were you referred to Continental Electronics Corp. Self  Advertisement  Employee Referral  Agency  Other

(PLEASE IDENTIFY NAME OF SOURCE)

Names of relatives employed at CEC \_\_\_\_\_ Relationship \_\_\_\_\_

Type of POSITION applying for: \_\_\_\_\_ Date Available: \_\_\_\_\_

Type of Employment: Please check box(es) as appropriate: Full Time  Part Time  Temporary  Summer  Co-Op

Geographic Preference \_\_\_\_\_ Please indicate shifts you are willing to work \_\_\_\_\_

EDUCATION/TRAINING

List below your educational background, including high school, all colleges, trade and military service schools.

Indicate Last Level of Education Completed

High School	Trade School	College or University	Post Graduate Education
9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>

High School/Trade School	LOCATION City and State	Dates from/to	MAJOR	DEGREE DIPLOMA	UNITS COMPLETED

Vocational an/or Professional Information (i.e., research projects, thesis subject, publications, patents, seminars, job related hobbies, volunteer work). NOTE: Do not list courses taken toward a degree or diploma.

\_\_\_\_\_

\_\_\_\_\_

List job related tools, machines, computer software programs, and equipment you can operate:

\_\_\_\_\_

\_\_\_\_\_

Check if Applicable

<input type="checkbox"/> Typing _____ WPM	<input type="checkbox"/> Keypunch/Data Proc.	Can you read engineering drawings? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can you read schematics? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can you read diagrams? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Shorthand _____ WPM	( _____ Strokes/Hour)			

List last 10 years of employment in chronological order (include military service).  
 (Applicant may include in such history any verified work performed on a volunteer basis)

**EMPLOYMENT HISTORY**

Company Name (most recent or present employer)	Telephone ( )	Employment Dates From/To:
Type of Business		Total Number of Months Worked
Address (Street number and name, city, state, zip code)		Starting Base Salary \$ per
Your Job Title	Supervisor: Name _____ Title	Final Base Salary \$ per
Reason you left or are considering leaving:	Other Compensation	
May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If "no", may we contact upon acceptance of our employment offer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Last Pay Increase	

Your duties ( see attached resume)

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Company Name	Telephone ( )	Employment Dates From/To:
Type of Business		Total Number of Months Worked
Address (Street number and name, city, state, zip code)		Starting Base Salary \$ per
Your Job Title	Supervisor: Name _____ Title	Final Base Salary \$ per
Reason you left or are considering leaving:	Other Compensation	
May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If "no", may we contact upon acceptance of our employment offer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Last Pay Increase	

Your duties ( see attached resume)

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Company Name	Telephone ( )	Employment Dates From/To:
Type of Business		Total Number of Months Worked
Address (Street number and name, city, state, zip code)		Starting Base Salary \$ per
Your Job Title	Supervisor: Name _____ Title	Final Base Salary \$ per
Reason you left or are considering leaving:	Other Compensation	
May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If "no", may we contact upon acceptance of our employment offer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Last Pay Increase	

Your duties ( see attached resume)

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**REFERENCES**

Please list three persons best qualified to comment on your related experience and/or educational background. Include Supervisors not listed above. Do not include relatives.

	1.	2.	3.
Name			
Title			
Company			
Address			
Business Telephone	( )	( )	( )

If your work or school records are listed under other names, please specify: \_\_\_\_\_

Driver's license Number: \_\_\_\_\_

**SECURITY**

If you are not a U.S. citizen, do you have the legal right to remain and work permanently in this country as authorized under the laws of the United States in which this application is filed? Yes  No

Type of visa: \_\_\_\_\_ Visa expiration date: \_\_\_\_\_

Within the last 5 years, have you been convicted by a court for violation of any federal, state, local or military law, regulation or ordinance under your present or any other name? Include all instances where nolo contendere (no contest) was pleaded, bail forfeited, sentence served or suspended, or fine paid (Include any traffic violation with a fine of more than \$100).

Yes  No If answer is yes, give date, places, charges and disposition.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AGREEMENT**

**I understand that at Continental Electronics Corporation (CEC), all employees are considered "at will" employees. Employment relationships are terminable at any time at the discretion of CEC or the individual employee.**

I certify that all information furnished on this form is true, complete and correct to the best of my knowledge and authorize past and present employers, educational institutions and references to verify information on the application and release them to provide additional information relating to my past employment, education and performance as requested by CEC. I authorize CEC to verify any such information, I understand that investigative background inquiries are to be made on myself, and I understand that falsification of information given on this application is grounds for termination of further consideration for employment and/or termination of employment. I understand that CEC reserves the right to request a drug test and that, if employed, overtime may be required.

Signature \_\_\_\_\_ Date \_\_\_\_\_

//////////////////// **FOR HUMAN RESOURCES DEPARTMENT USE ONLY** //////////////////////