

EMPLOYMENT APPLICATION

FIBERDYNE LABS, INC.

127 Business Park Drive, Frankfort | Phone: 315-895-8470, 1-800-894-9694 | Fax: 315-895-8436 | E-mail: sales@fiberdyne.com

We appreciate your interest in our organization and are sincerely interest in your background and qualifications. Please answer all questions as thoroughly as possible so we may review this information in consideration of employment without organization. We are an Equal Opportunity Employer and will recruit, hire, promote and train in all jobs without regard to race, color, religion, age, disability, veteran status or non-job related felony conviction records.

Personal Information

Last	First	Middle	Home Phone
Street Address	City	State	Zip
			Mobile Phone
Email			

Are you entitled to work in the United States? Yes No Are you 18 or older? Yes No

Have you been convicted of felony or been incarcerated in connection with felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch	Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No War
What position are you applying for?	How did you hear about this position?
Preference for position that you are applying for? <input type="checkbox"/> Full Time Position <input type="checkbox"/> Part Time Position	Specified days if part-time <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Expected Hourly Rate	Expected Weekly Earnings
Date Available	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Education

Name/Location	Last Year Complete	Mth/Year Completed	Degree	Major or Emphasis
High School	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			
College/University	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
Trade School				
Other				
List any applicable special skills, training or proficiencies				

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.	Signature	Date
---	-----------	------

Prior Work Experience

	Current or Most Recent	Prior	Prior
Employer			
Address			
City, ST, ZIP			
Telephone			
Name of Immediate Supervisor			
Dates of Employment	From To	From To	From To
Position/Job Title			
Pay			
Reason for Leaving			
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Prior	Prior	Prior
Employer			
Address			
City, ST, ZIP			
Telephone			
Name of Immediate Supervisor			
Dates of Employment	From To	From To	From To
Position/Job Title			
Pay			
Reason for Leaving			
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

References

	Reference 1	Reference 2	Reference 3
Name			
Address			
City, ST, ZIP			
Telephone			

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.

Signature

Date