Application for Employment Scientific Instrument Services, Inc.

To Applicant: We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

Attached is the job description and application for the position available. References and former employers should include phone

numbers and persons to contact. **Partial or incomplete applications will not be considered.** Thank you for your inquiry.

Scientific Instrument Services[™], Inc. is and Equal Opportunity Employer. Scientific Instrument Services[™], Inc. does not discriminate on the basis of race, color, religion, sex, national origin, age disability, or any other grounds prohibited by federal, state or local law.

The application must be filled out completely and signed on page 4

				PER	SONAL								
									[Date			
NameLa		First	N.4	ddle									
			IVI	uule									
Present address	0.	Street	City		State		Zip				Telephone No.		
Are you legally eligible	-		-				- 1-						
Position(s) applied fo	r								Rate	of pa	y expected \$ p	er year	
Would you work Full-	Time	Part-Time	Spec	ify days	s and hour	rs if pa	art-ti	ime					
If your application is	considered	favorably, on wh	at date v	vill you	be availab	le for	wor	ˈk?				20	
Which of the following	g skills do y	vou have;											
Typir	TypingComputer OperationComputer Programming												
Word	Processing	g	Me	chanica	l Ability						Machining		
Instru	-				ork with sr		arts						
Writir	IG SKIIIS				nmunicatio								
			RECO	ORD C	of EDUC		DN						
School	Name an	d Address of Scl	hool	Cours	e of Study	,	C		k Las ear	t	Date	List Diploma	
									mpleted		Graduated	or Degree	
High							1	2	3	4			
Q a lla sua										4			
College						_	1	2	3	4			
							+						
Other (Specify)							1	2	3	4			
							' 	2		+			
	P	lease attach tra	nscrint	of colle			nnl	latar	and	rotu	rn to:		

Scientific Instrument Services, Inc. 1027 Old York Rd., Ringoes, NJ 08551

List below all present and past employment, beginning with your most recent

I			From		ò		Weekly	Weekly	Reason for	Nama af
	Name and Address of Company and Type of Business	Mo.	Yr.	Mo.	Yr.	Describe the work you did	Starting Salary	Last Salary	Leaving	Name of Supervisor
	Telephone									

	From		То		Describe the work	Weekly	Weekly Last	Reason for	Nome of
Name and Address of Company and Type of Business	Mo.	Yr.	Mo.	Yr.	Describe the work you did	Starting Salary	Salary	Leaving	Name of Supervisor
Telephone									

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Telephone									

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	Name and Address of Company and Type of Business	Mo.	Yr.	Mo.	Yr.	Describe the work you did	Starting Salary	Last Salary	Reason for Leaving	Name of Supervisor
	Telephone									

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V		From To		ö	Describe the work	Weekly Starting	Weekly	Decess for	Nome of	
	Name and Address of Company and Type of Business	Mo.	Yr.	Mo.	Yr.	Describe the work you did	Salary	Last Salary	Reason for Leaving	Name of Supervisor
	Telephone									

May we contact your former employer listed above ? ______If not, indicate by No. which one(s) you do not wish us to contact_____

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MILITARY SERVICE RECORD

Were you in the U.S.	Armed	Force	s? Yes _	No			If yes, what Branch?		
Dates of duty: From	Month		To Year	Month		Year	Rank at discharge		
List duties in the ser	List duties in the service including special training								

REFERENCES

Please list at least 2 personal and 2 professional references. These references will be contacted. You must sign the last page of this application authorizing our contact of these references along with your former employers.

Personal References (No relatives please)

Name and Occupation	Address	Phone Number
1.		
2		
3.		
4.		

Professional References

Name and Occupation	Address	Phone Number
1.		
2.		
<u>3.</u>		
4.		

1. What would your goals and objectives be for this position? What skills and experience do you have which would help to accomplish these objectives?

PLEASE READ CAREFULLY APPLICANT'S CERTIFICATION AND AGREEMENT

This Employment Application will remain active for thirty (30) days. If you are hired by the Company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

As required by the Americans with Disabilities Act: During the interview process you may be asked about your ability to perform job-related functions. If you are made a conditional offer of employment you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. All candidates for the same job will be subject to the same medical history questionnaire and/or undergo a medical examination, and all such information obtained derived therefrom or related thereto will be kept confidential and in separate files.

I hereby certify that the information and facts in this Application (and in any related documents or interview, if any) are true and complete to the best of my knowledge. I understand that any false or misleading statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or grounds for dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a comprehensive background check. I expressly authorize the Company, its agents and representatives to thoroughly investigate all statements, references, and information contained in this Application and in any related documents or made in an interview, if any, and in connection therewith to contact all personal and professional references, schools, current or former employers and/or co-workers, and all other persons deemed necessary by the Company. I hereby authorize any person, school, current or prior employer or co-worker, and personal and professional references to provide any information or opinion requested by the Company, its agent and representatives in connection with my Application, including but not limited to information regarding my former employment, character, general reputation and suitability as an applicant, without giving me prior notice of such disclosure. In addition, I hereby release the Company, any current or former employers and all references from any and all claims, demands, or liabilities in making such statements or arising out of the investigation or disclosure.

I understand and agree that nothing contained in this Application or any relate documents or conveyed during my interview, if any, is intended to or shall serve to create an actual or implied contract of employment. I further understand and agree that if I am hired, my employment will by "at will" and without fixed term, and may by terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

I recognize and acknowledge that the Company is fully committed to a work place free from illegal drugs and persons who abuse drugs. I further recognize and acknowledge that drug and/or alcohol use would significantly impair my ability to perform job-related functions for the Company and may cause severe injuries to myself or others. I acknowledge that applicants for employment may be required to successfully complete a pre-employment substance abuse screening prior to any final offer. If employed, whether or not I was required to take a pre-employment drug screen test, I agree to submit to a drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such testing and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file.

In addition, if I am applying for a position whose job duties include operation of a motor vehicle, or if I am hired and at any time during my employment the use and operation of a motor vehicle becomes a necessary function of my job, I hereby authorize the Company, its agents and representatives to thoroughly investigate my driving record, including but not limited to obtaining a motor vehicle history or record. I agree to provide all necessary assistance to the Company to facilitate its investigation.

I understand that the completion, submission and acceptance of this Application for Employment does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies, and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

THIS APPLICATION MUST BE SIGNED AND DATED IN ORDER TO BE PROCESSED.

Date

Signature of Applicant

Social Security No.*

Date of Birth*

*This data is required for background checks