

POWER SYSTEMS, INC. EMPLOYMENT APPLICATION

Power Systems is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Qualified applicants are considered for all positions without regard to age, race, color, marital status, religion, national origin, veteran's status, disability or any other legally protected class. Equal access to employment, services and programs are available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

PRE-EMPLOYMENT TESTING FOR ILLEGAL DRUGS MAY BE REQUIRED

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Position applying for:		Date:	
Applicant Information:			
Last Name	First Name		MI
Address			
City			
Telephone Number ()			
	State of Issue: Exp. Date:		
Best Time to Contact: : AM (
	,		
Availability to Start / Date:	Salary Exp	ectations:	
Status Desired: Full Time	Part Time □Tempora	ry □F/T or P/T	
Referral Source:	Relation	nship:	
Are you legally eligible for employment in t	he United States?	□No	□Yes
Are you under the age of 18?		$\square No$	□Yes
If yes, can you provide proof of your eligibi	lity to work?	□No	□Yes
Do you have reliable transportation?		□No	□Yes
Do you have any objection to working over	•	□No	□Yes
Can you travel if required by this position?		□No □No	□Yes □Yes
Have you previously applied for employment with Power Systems? Are you currently employed?		□No	□ res □ Yes
Have you ever been convicted of a crime?		□No	□Yes
If yes, please explain. (A conviction will no			L 103
EDUCATION:			
Name	e / Location	Number of Year Completed	rs Major & Degree
High School		Completed	Degree
College / University			
Graduate School			
Technical School			
Other			

EMPLOYMENT / WORK EXPERIENCE

Start with your present or most recent employer. Include <u>military service assignments</u> and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

EMPLOYER			
Dates of Employment (Month / Year) From	To		
Job Title City / State / Zip Weekly Starting Salary	Supervisor:		
City / State / Zip	 Telephone # ()	
Weekly Starting Salary	Weekly Final Salary		
Describe Duties / Responsibilities / Accomplis	hments		
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Peacon for Leaving			
Reason for Leaving			
		□ No	□Yes
May we contact?		□No	
EMPLOYER			
Dates of Employment (Month / Year) From	To		
Job Title City / State / Zip Weekly Starting Salary	Supervisor:		
City / State / Zip	Telephone # ()	
Weekly Starting Salary	Weekly Final Salary	ŕ	
Describe Duties / Responsibilities / Accomplis	hments		
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May we contact?		□No	□Yes
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May we contact? EMPLOYER		□No	
May we contact? EMPLOYER_ Dates of Employment (Month / Year) From	To	□No	□Yes
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May we contact? EMPLOYER Dates of Employment (Month / Year) From Job Title City / State / Zip Weekly Starting Salary	ToSupervisor: Telephone # (Weekly Final Salary	□No	□Yes
May we contact? EMPLOYER	ToSupervisor: Telephone # (Weekly Final Salary	□No	□Yes
May we contact? EMPLOYER Dates of Employment (Month / Year) From Job Title City / State / Zip Weekly Starting Salary	ToSupervisor: Telephone # (Weekly Final Salary	□No	□Yes
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May we contact? EMPLOYER Dates of Employment (Month / Year) From Job Title City / State / Zip Weekly Starting Salary	ToSupervisor: Telephone # (Weekly Final Salary	□No	□Yes
May we contact? EMPLOYER Dates of Employment (Month / Year) From Job Title City / State / Zip Weekly Starting Salary Describe Duties / Responsibilities / Accomplis	To To Supervisor: Telephone # (Weekly Final Salary hments	□No)	□Yes
May we contact? EMPLOYER Dates of Employment (Month / Year) From Job Title City / State / Zip Weekly Starting Salary	To To Supervisor: Telephone # (Weekly Final Salary hments	□No)	□Yes

Name:
Position:
Date:/

Supervisor: To To To Telephone # Weekly Final Salary ments		
Supervisor.		
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Weekly Final Salary	\/	
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Company Name	\	
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	fessional clubs, organizations, ons for the job for which you a skills or abilities that directly r	fessional clubs, organizations, societies or gons for the job for which you are applying): skills or abilities that directly relate to the jo Company Name Telephone # ()

I CERTIFY that the answers and information contained in this application for employment are true and correct, to the best of my knowledge. I understand that any misrepresentation or omission of facts on my application may be justification for refusal to hire, or termination of employment. I authorize Power Systems, Inc. / Their Agent, to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions, organizations and references. I further understand that an investigative report may be made as to my character or general reputation. I also hereby release from liability Power Systems, Inc. and their representatives for seeking, gathering and using such information to make employment decisions. Upon written request by me, within a reasonable time period, Power Systems, Inc. will make available to me, the nature and scope of all reports obtained.

I understand that information contained in this application or the granting of an interview is not intended to be any kind of employment contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in immediate termination.

In the event of employment, I acknowledge there is no specified length of employment and this application does not constitute an agreement or contract for employment. Accordingly, either I or <u>Power Systems</u>, <u>Inc.</u> / <u>Their Agent</u> can terminate the employment relationship / employment at will, with or without cause, at any time, as long as there is no violation of applicable federal or state law.

I understand that in the event of employment, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the statements above.

Applicant Name (printed)	
Applicant Signature	Date

Thank you for completing this application and for your interest in Power Systems, Inc.



For Personnel Use Only		
Arrange Interview: No Yes Remarks:		
Position(s) applied for is open: No Yes Position(s) considered for:		