



Submit Application to:
Index Sensors & Controls, Inc.
 17212 51st Ave NE Suite 116
 Arlington, WA 98223
 360-629-8083 Fax
 HR@indexsensors.com

Visit our website at www.indexsensors.com

Please answer all questions. If one does not apply insert N/A.

Date of Application _____

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOME/MESSAGE PHONE _____ WORK _____ E-MAIL _____

Position desired: _____ Date available to start: _____

Hours available: _____ Would you prefer to work: Full time Part time Temporary

Have you been convicted of a felony or released from prison within the past seven years? (A conviction may not necessarily disqualify you from employment.) Yes No If yes; please indicate the date and nature of the offense _____

Have you the legal right to work in the U.S.? Yes No (Hire is subject to verification that applicant meets legal age and U.S. work permit requirements.)

Can you, upon employment provide genuine documents to support this claim? Yes No

Are you a smoker or do you use tobacco products? Yes No

What are your monthly starting salary expectations? \$ _____

Have you, or your spouse ever previously applied to or been employed by this company? Yes No If yes, when _____

How did you learn about this opening? Friend Name _____ Relative Name _____

Newspaper Advertisement _____ Employment agency _____ Other _____

EDUCATION			Graduate?		Subjects Studied or
	Name and Location of School	Year Completed	Yes	No	Degrees Received
High School		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
Graduate School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
Trade School					

Were you known by any other name at any job or school listed on this application? Yes No

If yes, what name? _____

Have you ever served in any branch of the U.S. Military services? Yes No Branch _____

Briefly describe your duties and training (if checked yes, otherwise leave blank) _____

Typing _____ WPM

Personal computer and software used: _____

Indicate any other applicable skills: _____

EMPLOYMENT RECORD

Please provide your employment history starting with your most recent employer: include military service. **Please complete all information-even if also submitting a resume.** If currently employed, may we contact your employer? Yes No

Employer	Type of business		Telephone
Address	City	State	Zip Code
Job Title	Name of Supervisor		Telephone
Dates Employed:	From: Mo ___/Yr ___	To: Mo ___/Yr ___	Rate of pay Start: _____ End: _____
Typical Duties and Accomplishments	_____		
Reason for leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Explain any period between jobs: _____

Employer	Type of business		Telephone
Address	City	State	Zip Code
Job Title	Name of Supervisor		Telephone
Dates Employed:	From: Mo ___/Yr ___	To: Mo ___/Yr ___	Rate of pay Start: _____ End: _____
Typical Duties and Accomplishments	_____		
Reason for leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Explain any period between jobs: _____

Employer	Type of business		Telephone
Address	City	State	Zip Code
Job Title	Name of Supervisor		Telephone
Dates Employed:	From: Mo ___/Yr ___	To: Mo ___/Yr ___	Rate of pay Start: _____ End: _____
Typical Duties and Accomplishments	_____		
Reason for leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Explain any period between jobs: _____

Employer	Type of business		Telephone
Address	City	State	Zip Code
Job Title	Name of Supervisor		Telephone
Dates Employed:	From: Mo ___/Yr ___	To: Mo ___/Yr ___	Rate of pay Start: _____ End: _____
Typical Duties and Accomplishments	_____		
Reason for leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL OR PROFESSIONAL REFERENCES

Please provide at least 2 - 4 professional references (2 max personal references), other than family members.
List their name, title, phone number and relationship to you.

Reference: Name _____ Title: _____ Phone: _____

Relationship or how known: _____

Reference: Name _____ Title: _____ Phone: _____

Relationship or how known: _____

Reference: Name _____ Title: _____ Phone: _____

Relationship or how known: _____

Reference: Name _____ Title: _____ Phone: _____

Relationship or how known: _____

Have you ever been discharged from any employment? Yes No If yes, please note employer(s) and explain: _____

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything that would interfere with your regular attendance and punctuality if you were offered a job with the company? Yes No

If yes, please explain: _____

List any of the following, which you feel would help us to know you better: accomplishments, professional organizations, awards or memberships, recognition received. These could be school-related, employment-related, or through independent organizations. (Please do not list organizations that would disclose race, religion, national origin, etc.)

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of facts on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of Index Sensors and Controls to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, sexual orientation, HIV/AIDS status, expunged juvenile records, pregnancy, veteran status, disability, and any other characteristics protected by federal, state or local law.

In the event that the Company is unable to verify any reference stated on this application, it is my responsibility to furnish the necessary documentation.

If hired, I agree to abide by all of the Company rules, regulations, policies and procedures. If hired, I understand that I may terminate my employment at any time without notice or cause, and that the Company may terminate or modify the employment relationship at any time without prior notice or cause. I understand that my employment is for no definite period of time, and if terminated, the Company is liable only for wages and benefits earned as of the date of termination. I further understand that no statement by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment.

Notice to Applicants Regarding Investigative/Consumer Reports

A consumer report and/or an investigative consumer report including information concerning your character, employment history, alleged workplace misconduct, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living, and/or credit and indebtedness may be obtained by a third party in connection with your application for and continued employment with Index. A consumer report containing injury and illness records and medical information may be obtained after a conditional offer of employment has been made. If we seek to obtain a report that might be characterized as an investigative consumer report, you will be provided with the name, address and phone number of the reporting agency and information regarding the nature and scope of the investigative consumer report within 5 days of a timely written request to us.

Before any adverse action is taken based on whole or in part on the information contained in the report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your potential rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Signature of Applicant

Date