

TekTone® Sound & Signal Mfg., Inc.

APPLICATION FOR EMPLOYMENT

TekTone® Sound & Signal Mfg., Inc. is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion or national origin. Public Law 90-2-2 prohibits discrimination because of age.

Date: _____

PERSONAL INFORMATION

Name: _____ Sex: Male Female

Address: _____

Phone: _____ Are you eligible to work in the U.S. under both Federal & State laws? Yes No

Are you bound to restrictive covenants in a past or present employment agreement? Yes No

Referred by: _____

If related to a TekTone® employee, write name: _____

EMPLOYMENT DESIRED

Position applied for: _____ (see job requirements, if applicable)

Date you can start: _____ Salary desired: _____

Ever applied to TekTone® before? _____ If yes, when? _____

JOB REQUIREMENTS

(Fill out only if applying for that department)

Shipping/Receiving—are you able to lift 70 pounds? Yes No

Assembly Line—are you able to lift 15 pounds and able to sit on a production line for 4 hours at a time (10-minute break at 2 hours)? Yes No

EDUCATION

	Name & Location of School	Year Graduated	Subjects Studied
High School			
College or Trade			

Subjects of special study or research work: _____

What foreign languages do you speak fluently? _____ Read? _____ Write? _____

U.S. Military/Naval Service? _____ Rank? _____

www.tektone.com

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Email: careers@tektone.net • Technical Assistance Email: teksupt@tektone.net

TekTone's quality system is registered by DQS to the ISO 9001 standard. (Reference #10001510.)

FORMER EMPLOYERS

(List company name, address, phone and supervisor of last four employers, starting with last one first.)

Date	Employer (Company, Address, Phone & Supervisor)	May we Inquire?	Salary	Position & Job Duties	Reason for Leaving
From: To:					
From: To:					
From: To:					
From: To:					

Are you employed now? _____ If so, may we inquire? _____

In case of emergency notify: _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

I understand that if offered a position with TekTone, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed. Further, I understand and agree to the following that if I am hired:

1. TekTone® has an established initial 90-day employment probationary period from which I may not be able to claim unemployment benefits.
2. During the normal course of my job I may be given certain confidential information, trade secrets, customer and/or vendor lists, schematics, drawings, etc., which shall be used only for the purposes of my employment with TekTone.
3. Upon termination of my employment with TekTone, or upon demand, all information shall be returned to TekTone; including written notes, photographs, memoranda, or any of the items listed above.
4. I will not divulge any of the information listed above to anyone outside of TekTone® without written authorization while employed and anytime after termination of employment.

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: _____

Remarks: _____

Date Hired: _____ For Dept.: _____ Position: _____ Will Report: _____ Salary: _____

Approved: _____
Department Head
General Manager

Affirmative Action Program Applicant Information Form

TekTone® Sound & Signal Mfg., Inc. is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

SECTION 1: GENERAL APPLICANT INFORMATION

Name: _____ Date: _____

Position applied for: _____

SECTION 2: PLEASE CHECK ALL THAT APPLY (See next page for definitions)

Race or Ethnic Identity	Gender	Veteran Status
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) <input type="checkbox"/> Two or More Races (not Hispanic or Latino)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Other Eligible Veteran
		Other
		<input type="checkbox"/> Individual with Disabilities

I do not wish to Self-Identify Signature: _____

How did you hear of our opening?

Current Employee
 Newspaper Ad
 Recruiter
 Other—Explain Below

EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

Individual with Disabilities: Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

Special Disabled Veteran: Defined as a veteran who is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability (i) rated at 30% or more, or (ii) rated at 10 or 20% in the case of a veteran who has been determined under Section 1506 to have a serious employment disability, or a person who was discharged from active duty because of a service-connected disability.

Veteran of the Vietnam Era: Defined as a veteran who (a) served on active duty in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or (b) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge, or (c) was discharged or released from active duty for a service-connected disability if any part of his or her active duty was performed between August 5, 1964 and May 7, 1975.

Other Eligible Veteran: Defined as any veteran who served in a "war" declared by Congress, in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.