

Amphenol FSI

1300 CENTRAL EXPRESSWAY N., STE. 100
ALLEN, TEXAS 75013 (214) 547-2400

Please print in ink or type.

Date _____

Jobs Applying for: _____ / _____
Position title Vacancy number

Permanent (full-time) Permanent (part-time) Temporary

Date Available for Employment _____

PERSONAL INFORMATION

Name

Last First Middle

Address

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____
(Or how you can be reached)

GENERAL INFORMATION

Are you related by blood or marriage to any person now employed by AFSI?

NO YES

If yes, give name, relation and department.

Have you ever been convicted of a misdemeanor or felony other than a minor traffic violation? NO YES if yes, explain (a yes will not automatically disqualify you). _____

Do you have a valid Drivers License? NO YES

If yes, give number and state _____

RECRUITMENT INFORMATION

employment application

Have you ever been employed by AFSI? NO YES

Did you leave on good terms? NO YES

- Staffing Agency
- AAFSI employee
- Newspaper or Radio Ad
- Internet Job Board or Website
- Texas Workforce Commission
- College Recruiting
- Walk In Inquiry
- Telephone Inquiry

HOW DID YOU HAPPEN TO APPLY AT AFSI?

List fields of work for which you are licensed, registered or certified giving dates(s), source(s) of issuance, and number(s).

If you are hired by AFSI and you currently hold a degree that qualifies you for the position you are applying for, you will be required to furnish a copy of your certification, diploma or other means of documentation that justify your completion.

EDUCATION

Circle last year of formal education completed. 1 2 3 4 5 6 7 8 9 10 11 12

College 1 2 3 4 5 6 7 8 Other 1 2 3 4

	Dates Attended	Name and Location of School	Did You Graduate?	Title of Diploma/Degree	Major
High School					
Business/Technical School					
Military School					
College or University					
Graduate School					

WORK HISTORY

Include volunteer or military service. Account for at least the past 10 years including periods of unemployment and unpaid work experience. Include relevant experience or prior experience more than 10 years old. If additional space is needed, continue on the back.

Date Month and Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES

May we contact your present and previous supervisors for reference? NO YES if no, please explain.

Have you had disciplinary action taken against you in the past 12 months? NO YES if yes, please explain. (A yes will NOT automatically disqualify you.)

Have you ever been dismissed or asked to resign from any job held? NO YES if yes, please explain. (A yes will NOT automatically disqualify you.)

I certify that I have given true, accurate and complete information (application, work history, skills inventory, resumes, etc.). I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information, or a failure to disclose information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority: G.S. 126-30; G.S. 14-122.1) I expressly waive any right I may have to review material or information received from a previous employer or educational institution under a promise of confidentiality.

Applicant Signature _____ **Date** _____
(Unsigned applications will not be processed)

Amphenol FSI

PRE – EMPLOYMENT DRUG SCREENING ACKNOWLEDGEMENT

I understand that any offer of employment will be conditional upon me successfully passing a drug screen before I begin employment at **Amphenol Fiber Systems International, Inc. (AFSI)**

I further understand that a positive drug test or refusal to take a drug test will mean that an offer of employment to me will be withdrawn.

Print Name

Signature & Date

Witness Name

Signature & Date

Authorization & Disclosure for Background Check

I authorize AFSI and its independent contractor, LexisNexis, to make the following background checks only:

1. National Criminal File Search
2. Employment Verification
3. Education Verification

LexisNexis will not do any other background checks, reports, or investigations of any kind, except those listed above.

Further, the information received from LexisNexis through the above-authorized background checks is strictly confidential and will not be released outside of AFSI unless I authorize it in writing. LexisNexis will not sell, broker, or otherwise distribute information it generates from the background checks listed above.

Law enforcement, judicial, and government agencies are authorized to release all written information about me in connection with the above-authorized background checks. To the extent permitted by law, I release all individuals, companies, corporations and agencies from any and all liability, claims, and or damages relating to the above-authorized background checks.

APPLICANT INFORMATION:

Name: _____
 First Middle Last

If your use of any other name, nickname, or assumed name is necessary to complete a background check, please list the name(s) here: _____

Current Address: _____ Apt. No. _____

City _____ State ____ Zip Code _____ - _____

Prior Address (if lived there less than 10 years): _____ Apt. No. _____

City _____ State ____ Zip Code _____ - _____

If additional addresses please attach additional sheet with information.

Date of Birth* ____/____/_____
 Month Day Year

*This information is used for identification purposes only. In no way is it used as a qualification for employment.

Social Security #: _____

(if you do not feel comfortable providing this, you are not required to)

Daytime Telephone Number: _____

EDUCATION INFORMATION:

1) Institution: _____

Degree Earned: _____

City: _____ State: _____ GPA: _____

2) Institution: _____

Degree Earned: _____

City: _____ State: _____ GPA: _____

ACKNOWLEDGEMENT:

I acknowledge that I have voluntarily submitted to a background check as a condition of employment for the position I am applying for, and ascertain the information provided above is true and correct to the best of my knowledge.

Applicant Signature: _____

Date: _____

Witness Signature: _____

Date: _____

DISCLOSURE AND AUTHORIZATION [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Amphenol Fiber Systems International (“the Company”) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and a copy of any report about you. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by First Advantage Background Services Corp. (“First Advantage”), P.O. Box 105292, Atlanta, GA 30348, 1-800-845-6004. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by First Advantage P.O. Box 105292 Atlanta, GA 30348, 1-800-845-6004, another outside organization acting on behalf of the Company, and/or the Company itself. Their Privacy Policy can be reviewed at <http://www.fadv.com/privacy-policy/>. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Last Name, First Name

Date

Signature

AMPHENOL FIBER SYSTEMS INTERNATIONAL EQUAL OPPORTUNITY/AFFIRMATIVE ACTION SURVEY

The Equal Opportunity Commission (EOC) prohibits discrimination based on race, color, sex, sexual orientation, gender identity, religion, age, national origin, ancestry, disability, status as a disabled veteran or veteran of the Vietnam-era, or any other classification protected by federal, state, and applicable local laws and ordinances. The information requested in no way affects you as an applicant. This form will be retained in Human Resources. Its sole use is to ensure our recruitment efforts reach all segments of the population.

Date of Birth _____
Mo. Day Yr.

Sex: Male Female

EEO-1 Self-Identification: *(Please check the particular races)*

- Hispanic or Latino** – a person of Cuban, Mexico, 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 races above, excluding Hispanic or Latino.

Disability:

A disability is any impairment, which substantially limits one or more life activities. A disabled person is one who (i) actually has such impairment; (ii) has a record of such impairment, or (iii) is regarded as having such impairment. You may identify yourself as a person with a disability at any time during your employment with AFSI. Disclosure is voluntary.

Please check each category that applies to you:

- Vietnam-Era Veteran** - A person who: (1) served on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred: (a) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (b) between August 5, 1964, and May 7, 1975, in all other cases; or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed; (c) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (d) between August 5, 1975, in all other cases.
- Other Eligible Veteran** - A person who: (1) served on active duty for a period of more than 180 days and was discharged or released there from with other than a dishonorable discharge; (2) was discharged or released from active duty because of a service-connected disability; or (3) as a member of a reserve component under an order to active duty, ...during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge.
- Special Disabled Veteran** - A person who: (1) is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability (a) rated at 30 percent or more, or (b) rated at 10 or 20 percent in case of a veteran who has been determined under Section 3105 of Title 38, U.S.C. to have a serious employment handicap; or (2) a person who was discharged or released from active duty because of a service-connected disability.
- Disability** - An individual with a disability means any person who (1) has a physical or mental impairment that substantially limits one or more major life activities; (2) has a record of such impairment; or (3) is regarded as having such impairment.

**Please separate this page from the application prior to an interview.
This page MUST be returned to the Human Resource Department for filing.**