

Name and Address	
Name (First, MI, Last)	Social Security Number
Mailing Address	
City, State and ZIP	
Home Phone	Cell Phone
E-Mail Address	May we contact you via E-Mail? <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information
** This information must be completed in order to be consider for employment.
Have you been an employee of this organization in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No
** I certify that I am in compliance with the provision of the Selective Services Act (Draft Registration). <input type="checkbox"/> Yes <input type="checkbox"/> No
** I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. <input type="checkbox"/> Yes <input type="checkbox"/> No

Education			
Schools attended or special training received (List current or most recent education first.)			
School	From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location		Type of degree or diploma	
School	From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location		Type of degree or diploma	
School	From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location		Type of degree or diploma	

Completed and signed applications can be scanned and emailed to hr@comtecdbg.com.
Alternately, completed and signed applications can be mailed or hand-delivered to the address shown at top of this form.

Work History

(List present or most recent job first.)

Job Title	From	To	Hours/Week	Employer
Employer's address	Employer's phone	Supervisor's name	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What was the reason for leaving?				
Job Title	From	To	Hours/Week	Employer
Employer's address	Employer's phone	Supervisor's name	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What was the reason for leaving?				
Job Title	From	To	Hours/Week	Employer
Employer's address	Employer's phone	Supervisor's name	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What was the reason for leaving?				

Job Type and Shift

Position Desired:			Pay Expected:	
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> 1 st Shift	<input type="checkbox"/> 2 nd Shift	<input type="checkbox"/> 3 rd Shift

How did you find out about this position?

<input type="checkbox"/> Current Employee	<input type="checkbox"/> Career Fair	<input type="checkbox"/> State Website	<input type="checkbox"/> Job Service
<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Monster.com	<input type="checkbox"/> Other Internet Source	<input type="checkbox"/> Professional Org.
<input type="checkbox"/> Recruiter	<input type="checkbox"/> University/College	<input type="checkbox"/> Radio/TV Ad	<input type="checkbox"/> None of the above

Signature	Date
I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment with this company terminated.	

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