

NAME _____

Last

First

Middle

Employment Application

An Equal Employment Opportunity Employer



725 E. Harrison Street, Corona, CA 92879

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, or veteran status.

PERSONAL

Last Name	First	Middle	Date
Street Address			Home Telephone ()
City, State, ZIP			Business Telephone ()
Have you ever applied for employment with us? + Yes + No If yes, Month and Year _____ Location _____			Social Security #
Position Desired			Pay Expected
Apart from absence for religious observance, are you available for full-time work? + Yes + No If not, what hours can you work? _____			Will you work overtime if asked? + Yes + No
Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
Other special training or skills (languages, machine operation, etc.)			

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
Graduate					
College					
Business/Trade/Technical					
High School					
Elementary					

Membership in Professional or Civic Organizations (Exclude those which may disclose your race, color, religion or national origin)

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name _____	Telephone () _____
	Address _____	Employed - (state month/year) From _____ To _____
	City, State, ZIP _____	Weekly pay Start _____ Last _____
	Name of Supervisor _____	Reason for Leaving _____
	State Job Title and Describe your Work _____	

2	Company Name _____	Telephone () _____
	Address _____	Employed - (state month/year) From _____ To _____
	City, State, ZIP _____	Weekly pay Start _____ Last _____
	Name of Supervisor _____	Reason for Leaving _____
	State Job Title and Describe your Work _____	

3	Company Name _____	Telephone () _____
	Address _____	Employed - (state month/year) From _____ To _____
	City, State, ZIP _____	Weekly pay Start _____ Last _____
	Name of Supervisor _____	Reason for Leaving _____
	State Job Title and Describe your Work _____	

4	Company Name _____	Telephone () _____
	Address _____	Employed - (state month/year) From _____ To _____
	City, State, ZIP _____	Weekly pay Start _____ Last _____
	Name of Supervisor _____	Reason for Leaving _____
	State Job Title and Describe your Work _____	

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT	
	Employer Number(s) _____	Reason _____

MILITARY	Did you serve in the U.S. Armed Forces? + Yes + No	If "Yes," in what Branch?
	Describe any training received relevant to the position for which you are applying. _____	

Notify in case of emergency _____
 Name Address Telephone

References:

Name	Organization	City	Business Phone ()
Home Address	Title		
City, State, ZIP			
Name	Organization	City	Business Phone ()
Home Address	Title		
City, State, ZIP			

Should I become employed by Myers Power Products, Inc. or any of its subsidiaries or affiliates, I agree, in consideration of my employment by my employer, that:

1. My employment will be governed by the policies and procedures as set forth in my employer's policy manuals and documents, as these policies and practices have been constructed and applied by my employer, and which are subject to modification by my employer without notice. My employment may be terminated by me or my employer at any time.
2. Except as required in the performance of my duties for Myers Power Products, Inc., I will never use or disclose to others information or data that is confidential to my employer, i.e. information that is not generally available to the public relating to the business of my employer including trade secrets as well as information pertaining, but not limited to research, development, manufacturing, purchasing, financial accounting, engineering, marketing, merchandising, and selling activities. I further agree that all papers, keys, identification cards, credit cards, tools, equipment or other property furnished by my employer or which I prepared or made, in whole or in part, at any time while employed by my employer, shall be the property of my employer, and upon its request or the termination of my employment, I will promptly surrender such property to my employer.
3. I will promptly declare and I hereby assign all rights to my employer to any inventions, improvements or ideas relating to products, machinery, processes or technology of my employer, which I made individually or jointly with others, including those made on my own time, while employed by my employer and for one (1) year thereafter I will promptly complete all idea records, patent applications, foreign and domestic, and other documents as requested by my employer to protect its right to these inventions, improvements, or ideas.
4. I authorize an investigation of any material referred to in

this application and authorize all persons and firms listed herein to provide information about me as requested, and they are hereby released from all liability for furnishing information. I also understand that errors or omissions on matters covered by the application will be sufficient cause for dismissal from employment.

5. This agreement is subject to modification only by a written agreement signed by applicant and an authorized representative of my employer.

I have read, understood, and signed the above agreement this _____ day of _____, 19_____

 Applicant's Signature

Accepted by employer this _____ day of _____ 19_____

 (Authorized Representative of Employer)

Thank you for your interest in employment with Myers Power Products, Inc. Federal, state and / or local laws prohibit discrimination in employment based on race, religion, color, age, sex, national origin, ability, or veteran status. Information supplied in this application will not be used to discriminate against any individual in any manner.