



**ADVANCED
CONTROLS
CORPORATION
626 W. FLORES ST.
TUCSON, AZ 85705-5438
(520) 620-6656
FAX: (520) 620-6676**

EMPLOYMENT APPLICATION

ADVANCED CONTROLS APPLICANT POLICY

- * Applications and resumes will be accepted ONLY for open and/or listed position(s).
- * All applicants must specify the job(s) for which they are applying. Applicants may not indicate "any job" on the application form. A listing of open positions for which applications are being accepted will be supplied to all applicants upon request
- * Applications will be held in the active file for 3 months. After that time, applicants still wishing to be considered for that position or any other open positions will need to complete a new application.
- * Incomplete applications will not be considered and will be kept in a "dead" file. Although an applicant may submit a resume along with their application, the application form must be completed in its entirety for consideration
- * Unsolicited resumes will not be retained or considered.

Human Resources
Advanced Controls Corporation

ALL QUALIFIED APPLICANTS WILL RECEIVE EQUAL
CONSIDERATION REGARDLESS OF RACE, RELIGION, COLOR,
SEX, AGE, DISABILITY, NATIONAL ORIGIN, OR VETERAN STATUS

PERSONAL INFORMATION

Name (Last, First, Middle)				Social Security #	
Present Address (Street) (City) (State) (Zip)				Telephone No	
Permanent Address (Street) (City) (State) (Zip)				Telephone No	
US Citizen <input type="checkbox"/>	Registered Alien <input type="checkbox"/>	If Registered Alien, Type of VISA and Registration No.			
Have you previously applied or worked here <input type="checkbox"/> Yes If yes, please explain, including approximate detail(s) <input type="checkbox"/> No					
Position(s) applying for in order of preference (Applications are filed according to the position(s) applied for.				Date Available	Salary
1:		2:			

EDUCATION (Include U.S. Military)

		From Mo/Yr	To Mo/Yr	Did You Graduate? Grade Pt. Ave.	Course Taken or Degree Received?
High School	Name:			<input type="checkbox"/> Yes or <input type="checkbox"/> No	
	Location:			Ave. or Rank /	
College or University	Name:			<input type="checkbox"/> Yes or <input type="checkbox"/> No	
	Location:			Ave. or Rank /	
Business Technical Military Graduate or Other	Name:			<input type="checkbox"/> Yes or <input type="checkbox"/> No	
	Location:			Ave. or Rank /	
	Name:			<input type="checkbox"/> Yes or <input type="checkbox"/> No	
	Location:			Ave. or Rank /	
	Name:			<input type="checkbox"/> Yes or <input type="checkbox"/> No	
	Location:			Ave. or Rank /	
% of College Expenses Earned		Hours per week worked while in College		Type of work performed	

ACHIEVEMENTS/ORGANIZATIONS/SKILLS (You may omit if resume is attached)

(You may omit any labor organization or any organization the name or character of which reveals their member's race, religion or nationality)

Scholastic honors, scholarships and memberships in clubs, organizations or other groups such as professional societies, school, civic or athletic participation (Please note past or present and offices held, or any leadership experiences)	Office Skills
	Typing: _____ Words per Minute:
	List Computer Programs that you have experience with:
	1
	2
	3
	4
Please list technical and professional certifications and briefly describe any skills, abilities or related experiences (include hobbies, interests, patents, publications, etc)	5
	6
	7
Foreign Language #1 <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	Foreign Language #2 <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write

WORK EXPERIENCE (Include U.S. Military)

Start with last or present employer. COMPLETE ALL SECTIONS BELOW, however you may omit duties and responsibilities if resume is submitted

Employer	Position Title(s)	Supervisor(s)	Duties/Responsibilities	Dates/Salary
Name				From
Phone No				To
Address				Start Salary
Type of Business				Final Salary
Reason For Leaving				
Name				From
Phone No				To
Address				Start Salary
Type of Business				Final Salary
Reason For Leaving				
Name				From
Phone No				To
Address				Start Salary
Type of Business				Final Salary
Reason For Leaving				
Name				From
Phone No				To
Address				Start Salary
Type of Business				Final Salary
Reason For Leaving				
Name				From
Phone No				To
Address				Start Salary
Type of Business				Final Salary
Reason For Leaving				
Please indicate which employer(s) you do NOT wish contacted		If ever employed or attended school under a different name, please indicate		

REFERENCES/ NON-RELATIVE

List 3 references, preferably supervisors, each of whom can effectively evaluate your training, experience and capabilities

Name	Name	Name
Phone No	Phone No	Phone No
Address	Address	Address
City, State	City, State	City, State
Occupation	Occupation	Occupation
Professional Relationship Years Known	Professional Relationship Years Known	Professional Relationship Years Known

GENERAL INFORMATION

Have you ever been convicted of a felony or other serious crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain briefly and give date of offense		
An applicant will not be denied consideration for employment solely because of criminal record			
To what extent are you willing to travel?	Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any relatives in our employ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name and occupation	How did you learn of this opening?	
In case of emergency, notify	Name/Relationship	Address-City	Phone

In consideration of any compensation or benefits paid, I understand Advanced Controls, as a condition of employment, requires its employees to agree to the assignment of rights in and hold-in-confidence obligations with respect to intellectual Property matters.

I attest that this application for employment is complete and accurate to the best of my knowledge, and understand that any misstatement or omission of material fact will be sufficient cause for discharge.

I understand the Applicant Policy of Advanced Controls, as stated on this application for employment.

I authorize all of my past and present employers (unless otherwise designated), the schools that I have attended, and my listed references to release or verify my work and education history I further agree to hold harmless these employers, schools and references for information provided.

I understand that a drug and alcohol screen performed by a Company designated testing site will be required prior to initial placement.

I understand that a health assessment and/or medical examination including testing by a Company-designated physician(s) may be required upon request by the Company at any time throughout the term of my employment and/or upon termination. I hereby agree to sign an authorization for the release of medical information from any physician, clinic or hospital as it relates to matters of my employment.

In consideration of my employment and the payment of any agency fee, relocation expenses, sign-on bonus and/or unearned bonus guarantee paid by Advanced Controls, I hereby agree to repay said fee and/or expenses to Advanced Controls, in the event I voluntarily terminate my employment within one (1) year from my employment date. I also understand that I will be expected to sign a payback agreement for said fee and/or expenses on my start date.

It is further understood and agreed that my future employment with Advanced Controls, shall be by mutual agreement, unless otherwise agreed to in writing.

I have read, understand and agree to the above.

Applicant's Signature _____ Date _____

For Office Use Only

Date	Interviewed By	Starting Rate	Starting Date
Position		Supervisor	