

APPLICATION FOR EMPLOYMENT

PERSONAL	Last Name		First Name		Middle	
	Home Address			APT # / P.O. Box	Home Phone ()	
	City		State	Zip	Cell Phone ()	
	Email Address					

EDUCATION	School	Name & Location of School	Did you Graduate?		Years Completed	Diploma/GED or Degree
	High School		Yes	No		
	High School Tech		Yes	No		
	College		Yes	No		
	Trade or Technical		Yes	No		
	Graduate / Other		Yes	No		

Have you ever applied with Liberty Electronics, Inc previously? Yes No

Have you ever been employed with Liberty Electronics, Inc (Include Temp status)? Yes No

If Yes, What department and building did you work in?

What Position are you applying for today:	<input type="checkbox"/> Assembler	<input type="checkbox"/> Clerical	Pay Expected: \$
	<input type="checkbox"/> Warehouse/Shipping	<input type="checkbox"/> Quality Other:	

<input type="checkbox"/> Day Shift (example M-F 6:30am - 3pm or M-TH 6:30am - 5pm)	<input type="checkbox"/> Full Time Employment
<input type="checkbox"/> Night Shift (example M-F 4:30pm - 1am or M-TH 5pm - 3:30am)	<input type="checkbox"/> Part Time Employment
Are you able and willing to work overtime? Yes No	<input type="checkbox"/> Summer Employment

Are you at least 18 years of age? Yes No	If hired, when will you be available to begin work? Do you require a notice ? 1 Week 2 Week Other:
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Do you require a visa currently or will you require a visa in the future? * Yes No

*Liberty Electronics Inc is a Federal Contractor, Required to meet ITAR Regulations. Liberty Electronics, Inc is an Equal Opportunity Employer. All Candidates will receive consideration without discrimination because of race, creed, color, sex, national origin, handicap or veteran status.



Please give an accurate and complete employment history. Include full and part time employment. **START** with your present or most recent employer.

EMPLOYMENT HISTORY

Most Recent	COMPANY NAME:		TELEPHONE # :	
			()	
	COMPANY LOCATION:	Hourly Pay Rate:	DATES OF EMPLOYMENT:	
	CITY	STATE	Start	Last
			\$	\$
JOB TITLE :		ARE YOU ELIGIBLE FOR REHIRE?		YES NO
RESPONSIBILITIES:			NAME OF SUPERVISOR:	
REASON FOR LEAVING:				

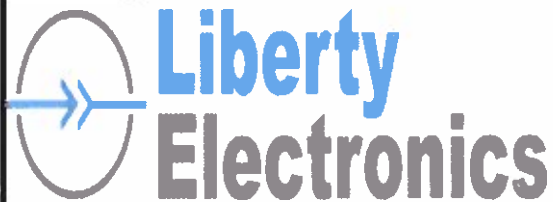
2	COMPANY NAME:		TELEPHONE # :	
			()	
	COMPANY LOCATION:	Hourly Pay Rate:	DATES OF EMPLOYMENT:	
	CITY	STATE	Start	Last
			\$	\$
JOB TITLE :		ARE YOU ELIGIBLE FOR REHIRE?		YES NO
RESPONSIBILITIES:			NAME OF SUPERVISOR:	
REASON FOR LEAVING:				

3	COMPANY NAME:		TELEPHONE # :	
			()	
	COMPANY LOCATION:	Hourly Pay Rate:	DATES OF EMPLOYMENT:	
	CITY	STATE	Start	Last
			\$	\$
JOB TITLE :		ARE YOU ELIGIBLE FOR REHIRE?		YES NO
RESPONSIBILITIES:			NAME OF SUPERVISOR:	
REASON FOR LEAVING:				

We may contact the employers listed above unless you indicate below those you do not want us to contact.

Company Name:	Reason:
Company Name:	Reason:

Describe any other Training/Positions that are relevant to the position to which you are applying:



The information requested is needed for legally permissible reasons, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination of employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most states also prohibit some or all the above types of discrimination as well as some additional types such as discrimination based upon ancestry, martial status and sexual preference.

BACKGROUND INFORMATION

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

Did you serve in the U.S. Armed Services?	If Yes, what branch did you serve?	Thank you for your service! What were your dates of service?	
YES NO		Start:	End:

Are you, the applicant, able to perform the required tasks in the position in which you are applying for: YES NO

I know, or was referred by, the following employee(s) :

Do you, the applicant, give Liberty Electronics, Inc permission to perform a criminal background check? YES NO

Have you, the applicant, been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? YES NO

If YES, Describe in Full:

(If convictions have not been erased from your record, this does not necessarily bar employment)

Do you have any responsibilities or commitments that will prevent you from meeting Liberty Electronics' work schedules? YES NO

If YES, Describe in Full:

Applicant Signature

By signing my name below, I certify that the answers given in this application for employment are true and correct to the best of my knowledge. I authorize such inquiry into the statements made in this application as may be necessary in reaching an employment decision. I understand that any false or misleading information given in this application or during a pre-employment interview, including failure to disclose requested information, may result in my discharge.

I understand that I will be required to pass a physical examination, including a drug test, before a final offer of employment is made to me. By signing my name below, I consent to these procedures. I understand that any employment relationship with Liberty Electronics, Inc is "at will", which means that the employee may resign at any time and that Liberty Electronics, Inc may discharge the employee at any time, with or without cause. I also understand that this "at will" employment relationship may not be changed by any written document or any behavior, unless the change is specifically acknowledged in writing.

Applicant Signature

Date

LIBERTY ELECTRONICS, INC.

AFFIRMATIVE ACTION - VOLUNTARY QUESTIONNAIRE

Liberty Electronics' employment policy is to seek and employ personnel at our facilities and to provide equal employment opportunities to all qualified applicants and employees. Liberty takes affirmative action to employ and advance in employment qualified females, minorities, handicapped individuals, disabled veterans and all other qualified veterans.

If you are a Minority, have a handicap or are classified as a disabled veteran or other qualified veteran, and would like to be considered under our Affirmative Action Compliance Program, please check all appropriate areas and sign the form as indicated below. All information checked is voluntary and will be kept confidential and used only in accordance with Federal regulations. Refusal to provide information will not subject you to discharge or disciplinary actions.

PLEASE CHECK:

White (not Hispanic) Hispanic American Indian or
Black (not Hispanic) Asian or Island Pacific Alaskan Native

HANDICAP / DISABLED IDENTIFICATION Regulations define "handicapped" to include any person who has a physical or mental impairment that substantially interferes with any major life activity, has a record of such impairment, or is thought of as having such impairment. Please check below any of the following that may apply to you.

Acute / Chronic Condition:	Severe Impaired Condition:	Loss of or Amputation:
Diabetes <input type="checkbox"/>	Hearing Impaired <input type="checkbox"/>	Loss Of Arm <input type="checkbox"/>
Hypertension / Heart Disease <input type="checkbox"/>	Loss of Vision <input type="checkbox"/>	Loss of Leg <input type="checkbox"/>
Other: <input type="checkbox"/>	Other: <input type="checkbox"/>	Other: <input type="checkbox"/>

_____ Special Disabled Veteran

_____ Vietnam Era Veteran 8/5/1964 to 5/7/1975 _____ Korea 10/1/66 to 6/30/1974

_____ Persian Gulf Operation 12/1/1995 to Present

_____ Afghanistan Operations Enduring Freedom (OEF) 9/11/2001 to Present

_____ Iraq (Operations Northern Watch, Desert Spring, Enduring Freedom (OED and Iraqi Freedom (OIF) 1/01/1997 to Present

_____ Global War on Terrorism 9/16/1994 to present

_____ Other Protected Veterans

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APPLICANT SIGNATURE

(DATE)