



SPIE APPLICATION FOR EMPLOYMENT

Last Name

PERSONAL

(Please Print or Type)

Last Name		First	Middle Initial	Date
Street Address			Home Telephone	
City, State, Zip			Business Telephone <i>(if we may call you at work)</i>	
Have you ever been employed by SPIE before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____				
Position Desired		Minimum Salary Requirements	What type of position are you seeking? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	
Will you work overtime/off-hours if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No		When will you be available to begin work?	Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Why do you want to work for SPIE?				
Are you prevented from lawfully becoming employed this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of a criminal offense for which the date of conviction or release (whichever is more recent) occurred within the past ten (10) years? <input type="checkbox"/> Yes <input type="checkbox"/> No				

First Name

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School				<input type="checkbox"/> Yes	
			GPA	<input type="checkbox"/> No	
College				<input type="checkbox"/> Yes	
			GPA	<input type="checkbox"/> No	
Additional Schooling <i>(Graduate/Business/Trade/Technical)</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
			GPA	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Middle Initial

Date



We may contact the employers listed below unless you check the DO NOT CONTACT box and explain your reason.

WORK AND VOLUNTEER EXPERIENCE

List below present and past employment, beginning with most recent:

Company Name		Address		
Start Date	Starting Pay Rate	City, State, Zip	Telephone	
End Date	Ending Pay Rate	Hours Per Week	Supervisor's Name	
Starting and Ending Job Titles			Supervisor's Title	
Description of Duties				
Reason for Leaving				DO NOT CONTACT <input type="checkbox"/>

Company Name		Address		
Start Date	Starting Pay Rate	City, State, Zip	Telephone	
End Date	Ending Pay Rate	Hours Per Week	Supervisor's Name	
Starting and Ending Job Titles			Supervisor's Title	
Description of Duties				
Reason for Leaving				DO NOT CONTACT <input type="checkbox"/>

Company Name		Address	
Start Date	Starting Pay Rate	City, State, Zip	Telephone
End Date	Ending Pay Rate	Hours Per Week	Supervisor's Name
Starting and Ending Job Titles			Supervisor's Title
Description of Duties			
Reason for Leaving			DO NOT CONTACT <input type="checkbox"/>

SKILLS

List software packages used for each skill checked below:

<input type="checkbox"/> word processing	<input type="checkbox"/> typing (wpm _____)	<input type="checkbox"/> electronic spread sheets	<input type="checkbox"/> calculator/10-key
<input type="checkbox"/> databases	<input type="checkbox"/> desktop publishing	<input type="checkbox"/> other (list below)	
List any other special training, skills, or experience which you feel may be an asset to SPIE:			

FOREIGN LANGUAGE ABILITIES

	FLUENT	GOOD	FAIR
Speak			
Read			
Write			

MEMBERSHIPS

In Professional or Civic Organizations

(Exclude those which may disclose your race, color, religion or national origin)

PROFESSIONAL REFERENCES

Give name, address, and telephone number of 3 professional references we may contact.

1.
2.
3.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I understand that SPIE conducts background checks on candidates for positions and I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby release employers, schools, federal, state, county and municipal authorities or other persons from all liability in responding to inquiries in connection with my application. I hereby release SPIE, its directors, officers, employees and all persons acting on its behalf from any and all liability arising in any manner from any inquiry made in connection with my application for employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

This application for employment shall be considered active until the position applied for is filled.

I hereby understand and acknowledge that my employment with SPIE is "at will" and that I may resign at any time and SPIE may discharge me at any time with or without cause and with or without notice. I understand that the at will nature of my employment may not be changed except by an express written agreement executed by the Executive Director.

I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

SPIE JOB APP 10_07

SPIE is an Equal Opportunity employer.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, veteran status, use of service animal, marital status, or whistle blower retaliation.



Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As an employer, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation. Refusal to provide this information will not subject you to adverse treatment.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment form.

PLEASE PRINT

Position(s) Applied for _____ Date _____

Referral Source:

_____ Advertisement _____ Friend _____ Relative _____ Walk-In _____ Employment Agency _____ Other

Name _____ Phone (____) _____
Last First Middle

Address _____
Street City State Zip

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a disability is voluntary.

Check one: _____ Male _____ Female

Check one of the following Ethnicity Groups:

_____ **Hispanic or Latino (All races)** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. ***DO NOT CHECK A RACE GROUP*** if you chose this Ethnic Group.

_____ **Not Hispanic or Latino** If you chose this Ethnic Group please check one of the following Race Groups as well.

If you checked "Not Hispanic or Latino" please check one of the following Race Groups:

_____ **American Indian or Alaskan Native** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

_____ **Asian** 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.

_____ **Black or African American** A person having origins in any of the Black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

_____ **White** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ **Two or more races** – only check this option if you are considered to be of more than one race.

Check if any of the following are applicable:

_____ Vietnam Era Veteran _____ Disabled Veteran _____ Disabled Individual