

Upon completion of employment application, please email to [careers@emapple.net](mailto:careers@emapple.net).

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_  
Full-Time Part-Time Summertime Internship Contract

Are you authorized to work in the U.S.? YES  NO

Are you employed now? YES  NO  If so, may we inquire of your present employer? YES  NO

Have you ever applied to this company before? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO  If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
 Did you graduate? Yes  No  Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_  
 Did you graduate? Yes  No  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_  
 Did you graduate? Yes  No  Degree: \_\_\_\_\_

### References

Please list three professional references that we may contact.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 City/State: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 City/State: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 City/State: \_\_\_\_\_ Email: \_\_\_\_\_

### Previous Employment

(List your last three employers below, starting with the most recent one first.)

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 City/State: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ May we contact your previous supervisor for a reference? YES  NO   
 What did you like most about this position?  
 What did you like least about this position?

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 City/State: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ May we contact your previous supervisor for a reference? YES  NO   
 What did you like most about this position?  
 What did you like least about this position?

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 City/State: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ May we contact your previous supervisor for a reference? YES  NO   
 What did you like most about this position?  
 What did you like least about this position?

### General

Special Skills: \_\_\_\_\_

IT Certifications: \_\_\_\_\_

Operating System Proficiencies: \_\_\_\_\_

Software Proficiencies: \_\_\_\_\_

Activities (Civic, Athletic, Etc.): \_\_\_\_\_  
EXCLUDE ORGANIZATIONS, THE NAMES OF WHICH INDICATE THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

US Military or Naval Service: \_\_\_\_\_

What major accomplishment have you had in your professional career? \_\_\_\_\_

When are you available for upcoming opportunities? \_\_\_\_\_

What are your three strongest motivating factors in making decisions about employment opportunities? \_\_\_\_\_

What was the title of the last book you read, and how long ago did you read it? \_\_\_\_\_

What steps have you taken or are currently taking to improve your skills? \_\_\_\_\_

How do you learn the best? *Example: watching, reading, or doing* \_\_\_\_\_

Have you ever had a problem working for a supervisor? If yes, please explain. \_\_\_\_\_

How would you describe the relationship you have/had with your most recent supervisor? \_\_\_\_\_

Describe a situation in the past when you have had a problem dealing with a co-worker. \_\_\_\_\_

What do each of the following terms mean to you?

- Integrity*
- Work Ethic*
- Reliability*

Why would you be a valuable teammate for MapleTronics? \_\_\_\_\_

### Emergency Contact Info

In case of emergency, notify:

Name

Address, City, State

Phone #

### Availability

Please give us an idea of your availability for work. Shifts vary by department. This will not necessarily be used to determine your schedule, but will help us to understand your availability.

Day of Week	Day Shift		Night Shift	
	YES	NO	YES	NO
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have your own transportation?      YES      NO  
     

Are there any days when you will absolutely not be available for work?



### Disclaimer and Signature

I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected. If I am employed, my employment may be terminated at any time. I understand that MapleTronics offices in IN and FL are smoke-free environments, and that teammates, visitors, and clients may not smoke anywhere on MapleTronics property. In consideration of my employment, I agree to conform to the company's rules and regulations. I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the company's option. I understand that I may be asked to submit to a pre-employment drug test. I understand that upon offer of employment, I will be subject to a criminal background check. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Signature:

Date:

*(if submitting via email, signature will be obtained during interview)*

** MapleTronics offices are smoke-free.   
 At sites in IN and FL, smoking is prohibited anywhere on MapleTronics property.  
 At the TN site, smoking is allowed in designated areas only.**

*Upon completion of employment application, please email to [careers@emapple.net](mailto:careers@emapple.net).*