

EMPLOYMENT APPLICATION

An Equal Opportunity Employer We are an Equal Opportunity Employer. Prospective Employees will receive consideration without discrimination based on Race, Creed, Color, Sex, Age, National Origin, Religion, Disability, Marital Status, Pregnancy, Citizenship, Veteran Status or Membership in any other Class protected by law.

PERSONAL INFORMATION	DATE:	SOCIAL SECURITY NUMBER (OPTIONAL):
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LAST NAME:	FIRST NAME	MIDDLE INITIAL:
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STREET ADDRESS:	CITY:	STATE:	ZIP:
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HOME PHONE:	CELL PHONE:	EMAIL: @
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ARE YOU LEGALLY ABLE TO BE EMPLOYED IN THE US? YES NO

EMPLOYMENT DESIRED FULL TIME PART TIME

POSITION:	DATE YOU CAN START:	SALARY DESIRED:
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ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
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HAVE YOU EVER APPLIED TO OR WORKED FOR TRANS-LUX BEFORE?	REFERRED TO US BY?
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IF RELATED TO ANYONE IN OUR EMPLOY
STATE NAME AND DEPARTMENT

EDUCATIONAL RECORD

NAME AND LOCATION OF SCHOOL	NO. YRS. COMPLETED	DID YOU GRADUATE	DEGREE	GRADE AVERAGE	MAJOR SUBJECTS
HIGH SCHOOL					
TRADE SCHOOL					
COLLEGE					
OTHER					

SPECIAL SKILLS AND QUALIFICATIONS RELATED TO THE JOB FOR WHICH YOU ARE APPLYING

HARDWARE, SOFTWARE, PROGRAMMING, SKILLS ETC.

TECHNICAL/SHOP SKILLS

OFFICE SKILLS, TYPING WPM, OTHER

U.S. ARMED SERVICE RECORD

DURATION OF DUTY	DATE OF DISCHARGE	BRANCH	RANK
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TRAINING & EXPERIENCE RELATED TO THE JOB FOR WHICH YOU ARE APPLYING

EMPLOYMENT EXPERIENCE

LIST LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST.
PLEASE COMPLETE IN FULL EVEN IF ATTACHING RESUME.

1	EMPLOYER		TELEPHONE () -	DATES EMPLOYED		WORK PERFORMED
	ADDRESS			FROM:	TO:	
	JOB TITLE	SUPERVISOR		HOURLY RATE / SALARY		
	REASON FOR LEAVING			STARTING:	FINAL:	
2	EMPLOYER		TELEPHONE () -	DATES EMPLOYED		WORK PERFORMED
	ADDRESS			FROM:	TO:	
	JOB TITLE	SUPERVISOR		HOURLY RATE / SALARY		
	REASON FOR LEAVING			STARTING:	FINAL:	
3	EMPLOYER		TELEPHONE () -	DATES EMPLOYED		WORK PERFORMED
	ADDRESS			FROM:	TO:	
	JOB TITLE	SUPERVISOR		HOURLY RATE / SALARY		
	REASON FOR LEAVING			STARTING:	FINAL:	
4	EMPLOYER		TELEPHONE () -	DATES EMPLOYED		WORK PERFORMED
	ADDRESS			FROM:	TO:	
	JOB TITLE	SUPERVISOR		HOURLY RATE / SALARY		
	REASON FOR LEAVING			STARTING:	FINAL:	

BUSINESS REFERENCES (GIVE THE NAMES OF THREE PERSONS WHO ARE FAMILIAR WITH YOUR WORK ABILITY AND ARE NOT RELATED TO YOU)			
NAME	ADDRESS / PHONE	BUSINESS	YEARS ACQUAINTED

I certify that the facts set forth in this application, or otherwise made by me, are true and complete to the best of my knowledge and belief. I authorize investigation of all statements contained in this application, or otherwise, made by me, as may be necessary in arriving at an employment decision. I understand that any false statement made by me in this application or otherwise constitute sufficient cause for rejection of this application or, if employed, grounds for dismissal. I understand that this application for employment is not a contract and not intended to confer or create any contractual rights of any kind or nature. I also understand that if Company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

For consideration of my application for employment, I expressly waive my right to a jury trial for any claim I might have against Trans-Lux or any related entities and/or its employees and/or agents. I agree that if I should bring any claim against the employer and/or agents, or the employer should bring a claim against me, neither the employer nor I shall seek a trial by jury.

Your Signature Date