



# APPLICATION FOR EMPLOYMENT

*Furuno USA, Inc. is an equal opportunity employer and affords equal opportunity to all applicants for all positions on the basis of qualifications without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.*

PLEASE PRINT OR TYPE

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Position(s) applied for: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

How did you hear about Furuno USA? \_\_\_\_\_

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## Applicant Information

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street

City State Zip Code

Telephone Number ( ) \_\_\_\_\_ Cell Phone Number ( ) \_\_\_\_\_

Email Address \_\_\_\_\_ Driver's License #(if job-related) \_\_\_\_\_ State \_\_\_\_\_

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## Contact and Work Related Information

If necessary, best time to call you at home is \_\_\_\_\_  AM  PM

May we contact you at work?  Yes  No If yes, list work number and best time to call \_\_\_\_\_ ( ) \_\_\_\_\_  AM  PM

Have you filed an application with Furuno U.S.A, Inc. before?  Yes  No If yes, give date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you ever been employed with Furuno U.S.A., Inc. before?  Yes  No If yes, give dates: from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you legally eligible for employment in this country?  Yes  No (Proof of U.S. Citizenship or immigration status will be required upon employment)

Type of employment desired:  Full-Time  Part-time  Temporary  Seasonal

Date Available for Work \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Minimum Salary Requirement: \_\_\_\_\_

Are you on lay-off and subject to recall?  Yes  No

Will you relocate if job requires it?  Yes  No

Will you travel if job requires it?  Yes  No

Are you able to meet the attendance requirements of the position?  Yes  No

Will you work overtime if required?  Yes  No

Can you with or without reasonable accommodation perform the essential functions of this job? (If you have any questions about the functions of the job, please ask the interviewer before answering this question.)  Yes  No

## Veteran Information

Branch of Service: \_\_\_\_\_ Discharge Date: \_\_\_\_\_ Years Served: \_\_\_\_\_

Relevant Training Received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER

## Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section at the bottom of page.

Employer	Telephone ( )	Dates Employed From To		Specific Duties
Address				
Job Title				
Immediate Supervisor and Title				
Reason for Leaving				
May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later _____				

Employer	Telephone ( )	Dates Employed From To		Specific Duties
Address				
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May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later _____				

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Address				
Job Title				
Immediate Supervisor and Title				
Reason for Leaving				
May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later _____				

Comments (including any gaps in employment):

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Have you ever been discharged/fired from any employment, or asked to resign?  Yes  No

If yes, please explain \_\_\_\_\_

**Skills and Qualifications**

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions for the position which you are applying \_\_\_\_\_

**Educational Background** (if job related)

<i>Education Type of School</i>	<i>Name and Address of School</i>	<i>Major Subject</i>	<i>Circle Last Year Attended</i>	<i>Graduated</i>	<i>Degree</i>	<i>GPA</i>
High School			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business Trade/Other			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		

List any foreign language knowledge and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

**References**

List name and telephone number of three business/work references who are not related to you.

If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known
	( )	
	( )	
	( )	

List professional, trade, business or civic associations and any offices held .

(Exclude memberships which reveal sex, race, religion, national origin, age, color, disability, veteran status or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards.

(Exclude information which would reveal sex, race, religion, national origin, age, color, disability, veteran status or other protected status.)

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List any additional information you would like us to consider:

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It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by ADA.

**Notice to applicants and employees**

Pre-employment drug screen test is mandatory. Random testing may occur over course of employment.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_