



special effects inc.™ Ultratec Special Effects Inc.

An Equal Opportunity Employer

Application for Employment

Pre-Employment Questionnaire

PERSONAL INFORMATION

DATE ____/____/____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. _____ ARE YOU 18 YEARS OR OLDER? Yes () No ()

ADDITIONAL INFORMATION

Other names known by ("Also Known As"): _____

Are you authorized to work in the United States? Yes () No ()

What Foreign Languages do you speak fluently? Yes () No () Read: _____ Write: _____

Have you been convicted of a felony or misdemeanor? Yes () No () Describe: _____

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

**You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

Referred By: _____

Do you have a friend or family member employed here: _____

EMPLOYMENT DESIRED

POSITION DATE YOU CAN START SALARY DESIRED

ARE YOU EMPLOYED NOW? Yes () No () IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? Yes () No ()

EVER APPLIED TO THIS COMPANY BEFORE? Yes () No () WHERE? WHEN?

Education	Name and Location of School	Years attended	Graduation Date	Subject Studied
Grammar School				
High School				
College				
Business or Correspondence School				



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GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____

DO YOU HAVE ANY UPCOMING EVENTS THAT REQUIRE EXTENSIVE TIME AWAY FROM WORK? Yes () No ()

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH / YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES () NO ()

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION?

IN CASE OF
EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.

I FURTHER UNDERSTAND THAT THE NATURE OF ULTRATEC'S SPECIAL EFFECTS HSV INC, BUSINESS DEALS WITH EXPLOSIVE MATERIALS, AND THAT INJURY OR DEATH MAY RESULT FROM WORKING IN MANY AREAS. I AGREE TO TAKE EVERY PRECAUTION POSSIBLE TO INSURE THE SAFETY OF MYSELF AND MY CO-WORKERS."

DATE SIGNATURE _____