



# Employment Experience

List each job held. Start with your Present or Last job. Include military service assignments.

1	Employer	Dates		Work Performed
		From	To	
	Address			
	Telephone #			
	Job Title	Hrly. Rate / Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
2	Employer	Dates		Work Performed
		From	To	
	Address			
	Telephone #			
	Job Title	Hrly. Rate / Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
3	Employer	Dates		Work Performed
		From	To	
	Address			
	Telephone #			
	Job Title	Hrly. Rate / Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
4	Employer	Dates		Work Performed
		From	To	
	Address			
	Telephone #			
	Job Title	Hrly. Rate / Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
5	Employer	Dates		Work Performed
		From	To	
	Address			
	Telephone #			
	Job Title	Hrly. Rate / Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Military Service in the armed forces of the United States or in a state militia?  Yes  No

If yes, what are the dates of your service and your rank? \_\_\_\_\_

# Education

	High	College/University	Graduate/ Professional
School Name			
Years Completed: (Circle)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course Of Study:			
Dates			

<p>Describe Specialized Training, Apprenticeship, Skills</p>	
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Give Name, Address and Phone Number of three references not related to you.


Summarize special skills and qualifications acquired from employment or other experience.


List trade or professional organizations of which you are a member including offices held, excluding organizations, the name or character of which indicates race, color, religion, national origin, or ancestry of its members.


## AGREEMENT

I certify that the facts contained in this application, including my resume or other information which I may have submitted, are true and complete and that I have not withheld any information which may affect my application for employment, to the best of my knowledge. I understand that, if employed, false statements on this application, including my resume or any other information which I may have submitted or interview(s) are to be grounds for immediate dismissal.

I authorize an investigation of all statements set forth above, 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 any liability for damages that may result from furnishing the information to you and waive any right to notice of such disclosure.

I understand that, if employed, I am required to abide by all rules and regulations of the Company.

I also understand that if I have a protected disability that affects my ability to perform the job I seek, I may request that Nartron attempt to make a reasonable accommodation for it. I must let the company know of my need for accommodation in a timely manner.

Should I receive a conditional offer of employment, I agree to submit to a medical examination. I further authorize any physician or entity conducting the medical exam to release the results to Nartron management.

Sexual harassment is forbidden. Any person experiencing or witnessing such harassment should report it immediately to Human Resources and they will take appropriate action. If, for some reason, it is uncomfortable for you to report instances of harassment to Human Resources you are required to make a report in writing, to the President of the Company.

I certify by my signature that I have read the foregoing, that I am 18 years of age or older and that I am (please check the appropriate status): \_\_\_\_\_ a United States citizen, or \_\_\_\_\_ a legal alien. If I am employed by the Company, I will provide documents for you required by the Company to establish my legal right to work in the United States.

I understand and agree, if hired, my employment is for no definite period and may, regardless of the payment of my wages and salary, be terminated at any time without any prior notice by either the Company or me, for any reason with or without cause. This provision supersedes any written or oral statements which may have been made as to my potential status if hired and may not be changed or modified in any way except in writing signed by the Chief Executive Officer. I understand that, if hired, Nartron also reserves the right to change its benefits provided employees at the Company's sole option and without notice.

Dated: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

*"Nartron checks references and background information provided by applicants for employment. Be advised that any false information provided could result in termination."*

\_\_\_\_\_  
Signature/date.

## COMPANY MISSION

Nartron products that SENSE-COMPUTE-CONTROL are found from coast to coast and around the world. These products are known for a) design excellence, b) superior reliability and quality, and c) premium performance. Nartron's mission is to be the best supplier of these products in the industry. Our ability to grow and be recognized, as a technical leader in the very competitive vehicular and consumer industrial industries, is a true indication of the commitment and dedication of each Associate to build superior quality products.

Our customers are our focus. Each Associate is important and can contribute to this focus by insuring the highest product quality as our Team objective.

Suppliers are our partners in our goal of continuous improvement. Our Integrity will never be compromised. Meeting these company goals will insure our future.

EQUAL EMPLOYMENT OPPORTUNITY DATA

It is our company's policy to provide equal employment opportunity to all persons regardless of their race, sex, color, religion, national origin, age, physical or mental handicap. We are an affirmative action employer with goals which include providing employment opportunities to disabled veterans and/or veterans of the Vietnam era. Your assistance in voluntarily completing this form will provide the information needed for us to comply with federal record keeping and reporting requirements.

Position Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Name (last, first, MI): \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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Please check the appropriate box in each of the following sections:

United States Citizen

Yes  
 No (1-151 Permanent Resident  
Registration # \_\_\_\_\_)

Handicapped

No  
 Yes  
 Disabled Veteran

Handicapped Applicants

If your disability might affect your ability to perform the duties of this type of position, please explain these limitations and suggest special equipment or physical environment accommodations which will be needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vietnam Era Veteran

Yes, I served honorably on duty for more than 150 days, continuously, between August 5, 1964 and May 7, 1975.  
 No