



MOTION SENSORS, INC.

786 Pitts Chapel Road ▪ Elizabeth City, NC 27909 ▪ phone 252-331-2080 ▪ fax 252-331-1666

Application for Employment

**MOTION SENSORS is an EQUAL OPPORTUNITY EMPLOYER
PREEMPLOYMENT DRUG SCREENS ARE REQUIRED**

Social Security # _____ - _____ - _____

Date: _____

Name: _____
(Last / First / Middle)

Address: _____
(No. Street / City / State / Zip)

Telephone: (____) _____ - _____ Email Address: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you been employed with us before? Yes No If yes, give date of employment _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

On what date would you be available for work? _____

Are you available to work: full-time _____ part-time _____

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

Do you have dependable means of transportation to and from work? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

If yes, please explain below. Note: a conviction will not necessarily disqualify an applicant from employment. _____

EDUCATION	Name/Location of School	Years Attended	Date Graduated	Subjects Studied
High School				
College				
Technical or Other				

Subjects of special study or research: _____

FORMER EMPLOYERS: LIST YOUR LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST

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

PROFESSIONAL REFERENCES :

GIVE THE NAMES OF PROFESSORS, SUPERVISORS OR EMPLOYERS WHO CAN VERIFY YOUR COURSEWORK AND /OR EXPERIENCE

NAME	ADDRESS & PHONE	BUSINESS	YEARS ACQUAINTED

PHYSICAL RECORD : DO YOU HAVE ANY IMPAIRMENT THAT WOULD INTERFERE WITH YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU HAVE APPLIED?

IN CASE OF AN EMERGENCY, NOTIFY _____
NAME ADDRESS PHONE NO.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT 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 ANY PREVIOUS NOTICE.

DATE: _____ SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

INTERVIEW REMARKS: _____

HIRED FOR DEPT. POSTION WILL REPORT SALARY / WAGES

APPROVED BY: _____ DATE _____