METAPHASE
LIGHTING TECHNOLOGIES

200 Rittenhouse Circle
West Unit 7
Bristol, PA 19007

Application for Employment

It is a policy of Metaphase Technologies, LLC. to be an Equal Opportunity Employer. We consider applicants for all positions without regard to race, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or other legally protected status.

General Information

NAME: (Last, First, Middle)	**DATE:**
Home Address:	Home Telephone #
City, State, Zip	Cellular Telephone #
Are you legally eligible for employment in this country? ☐ Yes ☐ No Please Explain	Email Address:

In case of an emergency please contact _____
Name Telephone #

Position Applying For:	Date Available to Start:	

Have you ever been employed by Metaphase Technologies, LLC. in the past?
☐ Yes Where: _____ When: _____
☐ No

Have you ever applied to Metaphase Technologies, LLC. in the past?
☐ Yes Where: _____ When: _____
☐ No

Are you employed now? ☐ Yes May we contact your employer? ____Yes ____No ☐ No	Desired Salary:

Referral Source:
How did you hear about us?

Type of employment desired: (circle all that apply)
Full-Time Part-Time Temporary Seasonal Educational Co-Op

Do you possess a valid driver's license? ☐ Yes ☐ No	

Please list days available:
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Some positions require a flexible schedule. Are you available to work nights and weekends?
If not, please list any restrictions: _____
_____

Education

School Name, City & State	Years Completed	Course/Major	Diploma/Degree
High School:			
College:			
Graduate School:			
Other:			

Skills and Qualifications

Summarize any special Trainings, Skills, Licenses/Certifications or activities: (You may exclude any organizations names which indicate race, color, religion, creed, gender, nation origin, disability, age, or other protected class.)

What foreign languages do you speak fluently? _____

Have you ever served in the U. S. Armed forces? ☐ Yes ☐ No

What type of discharge did you receive? _____

Branch _____ Date of Active duty _____

Employment History

Start with your most recent employer, provide the following information. This must be completed regardless of submission of a resume.

Employer Telephone Number ( )	Dates of employment Month Year / to Month Year /
Street Address City State Zip	
Job Title	
Immediate Supervisor and Title	May we contact for reference ☐ Yes ☐ No ☐ Later
Reason for leaving:	
Summarize job responsibilities:	

Employer Telephone Number ( )	Dates of employment Month Year / to Month Year /
Street Address City State Zip	
Job Title	
Immediate Supervisor and Title	May we contact for reference ☐ Yes ☐ No ☐ Later
Reason for leaving:	
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Employer Telephone Number ( )	Dates of employment Month Year / to Month Year /
Street Address City State Zip	
Job Title	
Immediate Supervisor and Title	May we contact for reference ☐ Yes ☐ No ☐ Later
Reason for leaving:	
Summarize job responsibilities:	

References

List below the names of three persons not related to you, whom you have known for at least one year.

Name	Address & Phone	Occupation	Years known

Applicant Statement

I certify that all information provided in this application is true and correct. I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This may include educational institutions, former employers, representatives of organizations and/or driving records. I understand that Metaphase Technologies reserves the right to not extend an offer of employment or retract an offer based on this investigation.

I understand that any misrepresentation or omission of facts in any respect in my application or interview, will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from employment, whenever it is discovered.

I certify that I have read the above statement and fully understand and accept all terms.

Signature of Applicant: _____ Date: _____