



PLEASE PRINT - USE INK AND COMPLETE ALL SECTIONS												
Last Name			Firs		Middle				,	Social Security Number		
Current Address			City			State			ZIP Code	Home Ph		Home Phone
									( )			
Position Desired				Check the schedules which you ar				e available to work:				
		F	ull-Time		Part-Time	Days I		Evenings Over		time Holiday's		
I am authorized to work in the United States and I understand that under the Immigration Reform and Control Act of 1986, upon hire, I will be required to provide documents verifying my identity and eligibility to work in the United States.												
EMPLOYMENT HISTORY												
Employer (Most Recent)		Street Address			City		Sta	te ZIF	ZIP Job Title			
From (Yr/Mo) To (Yr/Mo)			Reason For Leavi			ıg		May we contact the employer? Yes No				
							If yes, Enter Phone No:					
ACADEMIC/OCCUPATIONAL TRAINING (MOST RECENT)												
Name of School			From (Yr/Mo		To (Yr/Mo)	Deg	ree	C		ity/State		
PERSONAL INFORMATION (CONFIDENTIAL)												
,			Issued Driver License			Number Expiration		on Date Can you provide a current DMV Report				
Yes No								Yes No				
Personal Reference (Non Relative)						Street Address, City,			ty, State, Zip Phone			Phone No.
AGREEMENT												
<ol> <li>Except as required in the performance of my duties for Hytron, or unless authorized by Hytron, I will never use or disclose to others confidential or proprietary company information. This information relating to Hytron's business, including but not limited to information pertaining to its customers, trade secrets, methods of operation and business practices.</li> </ol>												
2. Should I become employed by Hytron, I agree that I will not hold any outside positions that compete with Hytron, or which conflict with or compromise Hytron's interests. This includes but is not limited to performing any services for Hytron's customers on non-Hytron working time. In addition, I may not conduct any outside business during paid Hytron working time.												
<ol> <li>I affirm that I have no existing obligations to others or hold any other positions which conflict with Hytron's interests as referenced above.</li> </ol>												
4. The submission of any false information in connection with my application for employment, whether on this document or not, may be considered sufficient cause for immediate discharge at any time thereafter should I be employed by Hytron.												
5. I authorize Hytron to verify all information provided in this application, including employment history, educational background and references. I authorize the references listed herein to release any and all information concerning previous employment and pertinent information they may have, personal or otherwise.												
6. Should I become employed by Hytron, I understand and agree that I am an "at-will employee". I also agree and understand that I can resign at any time and for any reason. I also agree and understand that Hytron may terminate my employment at any time and for any reason without advance notice and without liability to me for wages or salary. I understand that Hytron will take employment actions, consistent with its policies, as it deems necessary in its determination to establish and maintain a workforce of the size and capabilities required to achieve its business objectives.  I have read, understand and agree to all of the above-stated conditions of employment.												
Signature:									Date:			
Hytron Manufacturir	ng. Inc. Cl	assificat	ion: Confidenti	al	Web Form			Form F	Date: 15 Nov 20	)19	Rec (	Grp 8: Record 8.01.1