



**THE DEWEY ELECTRONICS CORPORATION**

**Application for Employment - Equal Opportunity Employer**

27 Muller Road, Oakland, NJ 07436, 201-337-4700, www.deweyelectronics.com

*Please read carefully before you sign this application. Application must be completed in full even if attaching a resume.  
Applications will be kept in active status for 90 days.*

DATE OF APPLICATION \_\_\_\_\_

TYPE OF WORK/POSITION DESIRED \_\_\_\_\_

**PERSONAL INFORMATION**

**PLEASE PRINT USING BALLPOINT PEN**

FULL NAME LAST FIRST MIDDLE

PRESENT ADDRESS STREET CITY STATE ZIP

TELEPHONE # ( ) - WHAT IS THE BEST WAY TO CONTACT YOU?

HOW WERE YOU REFERRED TO THIS COMPANY?

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY BEFORE?  YES  NO

WHEN? (LIST DATES)

IS THERE ANY INFORMATION WE WOULD NEED ABOUT YOUR NAME, OR USE OF ANOTHER NAME, FOR US TO BE ABLE TO CHECK YOUR WORK RECORD?  YES  NO

PLEASE SPECIFY: \_\_\_\_\_

**GENERAL INFORMATION**

ARE YOU 18 YEARS OF AGE OR OLDER?  YES  NO IF YOU ARE UNDER AGE 18, CAN YOU SUPPLY WORKING PAPERS?  YES  NO

CAN YOU, UPON EMPLOYMENT PROVIDE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES?  YES  NO

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN?  YES  NO

IF YES, PLEASE EXPLAIN:

FILL OUT ONLY IF APPLYING FOR A POSITION WHICH REQUIRES A DRIVER'S LICENSE.

DRIVER'S LICENSE NUMBER: STATE:

The Dewey Electronics Employment Application

**SCHEDULE AVAILABILITY & DESIRED SALARY**

- I AM AVAILABLE AND DESIRE TO WORK FULL TIME AND DO NOT HAVE RESTRICTIONS ON MY HOURS AND DAYS - COMPLETE SECTION B
- I AM AVAILABLE AND DESIRE TO WORK PART-TIME - COMPLETE SECTION B
- I AM AVAILABLE AND DESIRE TO WORK ON A SEASONAL BASIS - COMPLETE SECTIONS A & B

A. DATES AVAILABLE FOR EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

B. HOURS AVAILABLE	MON	TUE	WED	THU	FRI	SAT	SUN
FROM	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TO	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.

WAGE/SALARY EXPECTED	DATE AVAILABLE FOR WORK?
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**EDUCATION**

TYPE	NAME/ADDRESS	COURSE OF STUDY	GRADUATED?	DEGREE/DIPLOMA
ELEMENTARY & JR. HIGH			<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TECHNICAL OR OTHER			<input type="checkbox"/> YES <input type="checkbox"/> NO	

**EMPLOYMENT HISTORY**

<b>1</b>	EMPLOYER	FROM MO. YR.	STARTING SALARY
NAME OF COMPANY			\$
ADDRESS		TO MO. YR	ENDING SALARY
CITY, STATE, ZIP		POSITION HELD	\$
TELEPHONE #:		TYPE OF BUSINESS	
REASON FOR LEAVING (PLEASE EXPLAIN)		NAME & TITLE OF IMMEDIATE SUPERVISOR	
EXPLAIN ANY PERIOD BETWEEN JOBS			MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>EMPLOYMENT HISTORY</b>			
<b>2</b>	<b>EMPLOYER</b>	<b>FROM</b> MO.      YR.	<b>STARTING SALARY</b>
NAME OF COMPANY			\$
ADDRESS		<b>TO</b> MO.      YR	<b>ENDING SALARY</b>
CITY, STATE, ZIP		POSITION HELD	\$
TELEPHONE #:		TYPE OF BUSINESS	
REASON FOR LEAVING (PLEASE EXPLAIN)		NAME & TITLE OF IMMEDIATE SUPERVISOR	
EXPLAIN ANY PERIOD BETWEEN JOBS			MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>EMPLOYMENT HISTORY</b>			
<b>3</b>	<b>EMPLOYER</b>	<b>FROM</b> MO.      YR.	<b>STARTING SALARY</b>
NAME OF COMPANY			\$
ADDRESS		<b>TO</b> MO.      YR	<b>ENDING SALARY</b>
CITY, STATE, ZIP		POSITION HELD	\$
TELEPHONE #:		TYPE OF BUSINESS	
REASON FOR LEAVING (PLEASE EXPLAIN)		NAME & TITLE OF IMMEDIATE SUPERVISOR	
EXPLAIN ANY PERIOD BETWEEN JOBS			MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>ADDITIONAL EXPERIENCE OR QUALIFICATIONS</b>	PLEASE EXCLUDE ORGANIZATION WHICH INDICATES RACE, COLOR, RELIGION, NATIONAL ORIGIN, GENDER, HANDICAP OR OTHER PROTECTED STATUS.
PLEASE LIST ANY OTHER EXPERIENCE, SKILLS, OR QUALIFICATIONS, WHICH ARE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING.	

<b>PERSONAL OR BUSINESS REFERENCES</b>			
DO NOT INCLUDE RELATIVES			
<b>1</b>	NAME	Phone Number ( ) -	
Address		City and State (Zip)	
How Long Known		Relationship	
<b>PERSONAL OR BUSINESS REFERENCES</b>			
DO NOT INCLUDE RELATIVES			
<b>2</b>	NAME	Phone Number ( ) -	
Address		City and State (Zip)	
How Long Known		Relationship	

**NOTIFICATION AND AGREEMENT**

PLEASE READ BEFORE SIGNING

I certify that all answers given by me are true, accurate and complete, I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or requirement documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

I authorize the investigation of all statements and information contained in this application including but not limited to inquiries related to my education, relevant licenses, prior employment, credit and other information required by the Company. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the Company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_