ENKO INC. SYSTEMS

# APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION

| LAST NAME | FIRST NAME | SSN | |
|---|---|---|---|
| PRESENT ADDRESS | CITY | STATE | ZIP |
| PERMANENT ADDRESS | CITY | STATE | ZIP |
| HOME PHONE | CELL PHONE | EMAIL | |

## EMPLOYMENT INFORMATION

| POSITION SOUGHT | START DATE | DESIRED SALARY |
|---|---|---|
| | | |

| | | | |
|---|---|---|---|
| ARE YOU CURRENTLY EMPLOYED? | ☐ YES ☐ NO | IF YES, MAY WE CONTACT YOUR CURRENT EMPLOYER? | ☐ YES ☐ NO |
| HAVE YOU APPLIED AT ENKO BEFORE? | ☐ YES ☐ NO | ARE YOU CURRENTLY LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? | ☐ YES ☐ NO |

## EDUCATION INFORMATION

| | NAME AND LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
|---|---|---|---|---|
| PRIMARY SCHOOL | | | | |
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| BUSINESS/TRADE SCHOOL | | | | |

| SUBJECTS OF SPECIAL STUDY/RESEARCH, WORK, OR SPECIAL TRAINING SKILLS |
|---|
| |

ENKO SYSTEMS, INC. • 1001 S. ARROWHEAD AVE. SAN BERNARDINO, CA, 92408
PHONE: (909) 885-7771 • FAX: (909) 885-7773 • EMAIL: EMPLOYMENT.APP@ENKOSYSTEMS.COM

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## EMPLOYMENT HISTORY *(LAST 4 EMPLOYERS, STARTING WITH THE MOST RECENT)*

| DATES EMPLOYED (MONTH & YEAR) | EMPLOYER | POSITION | REASON FOR LEAVING |
|---|---|---|---|
| FROM: | | | |
| TO: | | | |
| FROM: | | | |
| TO: | | | |
| FROM: | | | |
| TO: | | | |
| FROM: | | | |
| TO: | | | |

| INTERESTS/HOBBIES/PASSIONS |
|---|
| |

| U.S. MILITARY SERVICE | RANK |
|---|---|
| | |

| | |
|---|---|
| I CAN SAFELY LIFT UP TO 80 POUNDS. | ☐ YES ☐ NO |
| I CAN SAFELY CLIMB TO A HEIGHT OF 60 FEET. | ☐ YES ☐ NO |
| I CAN EASILY DISTINGUISH BETWEEN THE COLORS RED, GREEN, BLUE, AND YELLOW. | ☐ YES ☐ NO |
| I AM PROFICIENT AT DRIVING A VEHICLE WITH A TRAILER ATTACHED. | ☐ YES ☐ NO |
| I AM PROFICIENT AT DRIVING A VEHICLE WITH A GROSS VEHICLE WEIGHT RATING OF UP TO 26,000 POUNDS. | ☐ YES ☐ NO |

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**REFERENCES** *(LIST 3 PEOPLE, NOT RELATED TO YOU, WHO HAVE KNOWN YOU FOR AT LEAST ONE YEAR)*

| NAME | ADDRESS | PHONE | YEARS KNOWN |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**CERTIFICATIONS HELD** *(SELECT **ALL** RELEVANT INDUSTRY CERTFICATIONS YOU HOLD. USE "OTHER" FIELD IF NECESSARY TO LIST CERTIFICATIONS NOT SHOWN.)*

☐ **STATE OF CALIFORNIA**
- ___ GENERAL ELECTRICIAN
- ___ RESIDENTIAL ELECTRICIAN
- ___ FIRE/LIFE SAFETY TECHNICIAN
- ___ VOICE/DATA/VIDEO TECHNICIAN
- ___ NON-RES. LIGHTING TECHNNICIAN
- ___ DCA ALARM COMPANY EMPLOYEE

☐ **EST**
- ___ EST-2 PROG.
- ___ EST-3 PROG.
- ___ 3-MODCOM
- ___ SYNERGY
- ___ FIREWORKS

☐ **CRESTRON**
- ___ CCP (___MASTER )
- ___ DMC-E ( ___-4K)
- ___ DMC-D
- ___ DMC-T (___-4K)
- ___ CSS-T
- ___ LIGHTING

☐ **NICET—FIRE**
- ___ LEVEL I
- ___ LEVEL II
- ___ LEVEL III
- ___ LEVEL IV

☐ **BICSI**
- ___ RCDD
- ___ RTPM
- ___ DCDC
- ___ ESSD
- ___ OSPD

☐ **BOSCH**
- ___ FIRE
- ___ INTRUSION
- ___ VIDEO
- ___ AUDIO
- ___ ACCESS

☐ **EXTRON**
- ___ AV ASSOCIATE
- ___ CONTROL SPEC.
- ___ CONTROL PRO.
- ___ XTP TECHICIAN
- ___ XTP ENGINEER

☐ **BIAMP**
- ___ TESIRA
- ___ VOCIA

☐ **CISCO**
- ___ CCENT
- ___ CCNA
- ___ CCNP
- ___ CCIE

☐ **INFOCOMM**
- ___ CTS
- ___ CTS-D
- ___ CTS-I

☐ **SYMETRIX**

☐ **BLONDER TONGUE**

☐ **PANDUIT**

☐ **AMP**

☐ **LEVITON**

☐ **OTHER:**

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## AFFIRMATION, AUTHORIZATION, AND CONSENT

**PLEASE READ AND CONSENT TO EACH OF THE FOLLOWING ITEMS BELOW. DECLARE YOUR CONSENT BY INITIALING BELOW EACH ITEM, AND THEN SIGNING AFTER THE STATEMENT AT THE BOTTOM OF THE PAGE:**

**DRUG TESTING**
As a condition for my application being considered, I hereby consent to undergo a drug test. I understand that if my test results are positive, I shall not be considered further by Enko Systems Inc. for employment. Also, If I become employed by Enko Systems Inc., as a condition of my employment, I consent to participate in further drug tests, as scheduled by management from time to time, without advance notice. I do also consent to immediate drug and alcohol testing following any workplace injury or accident that occurs during working hours or in a company vehicle. I hereby authorize Enko Systems Inc. and/or their agents to conduct such drug and/or alcohol testing and to review test results. Any such tests that return a positive result are grounds for immediate termination of my employment. I release Enko Systems Inc. and/or their agents from any liability in relation to the drug tests, their results, or any damage that may result from the utilization of the information obtained by the tests.

**INITIALS:** _____

**BACKGROUND & DRIVING RECORD CHECK**
I understand, if a conditional offer is extended and/or as part of my employment by Enko Systems Inc. that investigative reports may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment, financial/credit history, criminal history records from any criminal justice agency in any or all federal, state, city and county jurisdictions, state Department of Motor Vehicle/Drivers' License Records to include traffic citations and registration, military records from the National Personnel Record Center, education records including transcripts, and requests for records and information from any individual, company, firm corporation, present and/or past employers and public agencies (including the Social Security Administration and the Immigration & Naturalization Service). I agree to cover the monetary costs associated with being fingerprinted as part of the information gathering process. I fully understand that Enko Systems Inc. and/or their agents may be requesting information from public and private sources about any of the information noted earlier in this paragraph, and I freely give my consent for Enko Systems Inc. and their agents to do so. I release Enko Systems Inc. and/or their agents from all liability for any damage that may result from the utilization of such information. I also authorize Enko Systems Inc. and/or their agents to generate reports based on this information at the time my application is submitted and from time to time, as they deem appropriate, to evaluate my insurability under the Enko Systems Inc. insurance program or for other legally permissible purposes.

**INITIALS:** _____

**AT WILL EMPLOYMENT**
I understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with Enko Systems Inc. is of an at will nature, which means that an employee may resign at any time and the employer may terminate employment at any time, with or without cause. It is further understood that this at will employment relationship may not be changed by any written document or by conduct unless an authorized executive of Enko Systems Inc. specifically acknowledges such change in writing. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations set by the employer.

**INITIALS:** _____

I hereby affirm my consent to the drug test, background/driving record check, and at will employment terms as written above. Furthermore, I acknowledge that the facts and information that I have provided on this application for employment are true and correct, to the best of my knowledge. I also understand and agree that no representative of Enko Systems Inc. has any authority to enter into any agreement for employment for any specified time, or to make any agreement contrary to the foregoing, unless it is writing and signed by an authorized company representative.

**SIGNATURE:**_____ **DATE:**_____

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# HEALTH BENEFITS PREFERENCE

*Enko Systems, Inc. provides health benefits for all full time employees when they reach eligibility (as specified in the company handbook). Please use this form to indicate your preference for receiving health benefits. You may opt in or out of these benefits at any time. When opting in, you may have to wait until the next open enrollment period before your benefits become active.*

| OPT IN | OPT OUT | | |
|---|---|---|---|
| ☐ | ☐ | **Medical Insurance** | _____ *Initials* |
| ☐ | ☐ | **Dental Insurance** | _____ *Initials* |

**Employee Signature** _____ **Date** _____

**FOR EMPLOYER USE ONLY**

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# EMPLOYEE/APPLICANT AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORDS

Enko Systems, Inc.
1001 South Arrowhead Avenue
San Bernardino, CA 92408

Motor Vehicle Reports may be obtained as part of Enko Systems, Inc.'s evaluation of my job application/employment. The reports may be procured by Wayne Evans Insurance Agency and may include an assessment of my insurability under the Company's insurance program.

By signing this authorization, I hereby authorize Enko Systems, Inc. and Wayne Evans Insurance Agency to procure such reports and additional reports about me from time to time, as they deem appropriate, to evaluate my insurability or for other permissible purposes.

Sincerely,

| | |
|---|---|
| Signature | Date |
| Name Printed Legibly | Driver License Number |

Clear All Data | Save As... | Visit Company Website