

Fluid Mechanics, Inc.

Application for Employment

Today's Date _____

PERSONAL DATA

Name: Last _____ First _____ Middle _____

Address: Street and Number _____

City _____ State _____ Zip Code _____

Social Security Number _____ Preferred Name or Nickname _____

Day Phone Number (_____) _____ Evening Phone Number (_____) _____

Fax Number (_____) _____ E-Mail Address: _____

How or by whom were you referred? _____

Position Desired: 1) _____ 2) _____

EMPLOYMENT DATA

Date Available for work: _____ Total days & hours available per Week: _____

Type of hours: Full Time Part Time Days Nights

Hours: _____

Are there any days or hours you are unable to work? If yes, write specifics below:

Will you travel? Yes No If yes, what percent of your time? _____

Salary Requirement: _____

An Equal Opportunity/Drug-Free Employer

We are an equal opportunity employer and do not discriminate against any applicant because of race, color, religion, sex, national origin, age, disability, sexual orientation, marital status, or any other class protected by federal, state, or local law.



Fluid Mechanics, Inc.

PO Box 20862

Lehigh Valley, PA 18002

Phone (610) 837-9999 Fax (610) 837-2668

e-mail: swim@fluidmechanics.net

website: www.fluidmechanics.net

EDUCATION

High School: Name _____ City _____ State _____
 Circle highest grade completed: High School 9 10 11 12 College 13 14 15 16 17
 Diploma or GED: Yes No

<i>College Name</i>	<i>Address</i>	<i>Major</i>	<i>Minor</i>	<i>Degree</i>	<i>Grade</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Academic honors, awards, or special recognition _____
Extra curricular activities _____
Other night school, correspondence, home study or courses not listed above _____

Qualifications / Computer Skills

PC / MAC

If you currently have computer experience, please check the appropriate areas.

Program	Versions	Initial Training	Familiar	Highly Proficient	Hours Working In Program		
					<10	10-99	>100
<i>Windows</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Microsoft Office</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Word</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Excel</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Publisher</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Power Point</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Access</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Front Page</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Quickbooks</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Articulate</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Outlook Express</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe below any prior training or instruction that you feel would be an asset to Fluid Mechanics, Inc.

Please provide any prior experience in the following fields:

Filing

Data Entry

Call Handling

Bulk Mailing

Computer Graphics

Internet

Please describe appropriate/inappropriate use of the internet as it applies to this position:

Completion of the Information Below is Voluntary.

Referral Source: (Circle One)

Newspaper Ad

Employee

Relative

Private Employment Service

Walk-In

Job Fair

School Placement Office

Other

Name Source (if applicable) _____

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this data survey. Your cooperation is appreciated.

Please be advised that your survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Please Circle One:

Male

Female

Please Circle One:

Hispanic

Black

White

American Indian/Alaskan Native

Asian/Pacific Islander

Do you have any medical conditions/allergies we should be aware of that may effect your ability to perform your job?

REFERENCES

Professional References

1. Name _____ Occupation _____
Phone Number _____ Address _____
2. Name _____ Occupation _____
Phone Number _____ Address _____
3. Name _____ Occupation _____
Phone Number _____ Address _____

Personal References

1. Name _____ Occupation _____
Years Acquainted _____ Phone Number _____
Address _____
2. Name _____ Occupation _____
Years Acquainted _____ Phone Number _____
Address _____
3. Name _____ Occupation _____
Years Acquainted _____ Phone Number _____
Address _____

EMPLOYMENT RECORD INFORMATION

1. Employer _____ Dates _____
Type of Business _____ Title _____
Address: _____ Salary _____ per _____
Reason for Leaving _____
Supervisor's Name _____ Phone Number _____
Duties/Responsibilities: _____

2. Employer _____ Dates _____
Type of Business _____ Title _____
Address: _____ Salary _____ per _____
Reason for Leaving _____
Supervisor's Name _____ Phone Number _____
Duties/Responsibilities: _____

3. Employer _____ Dates _____
Type of Business _____ Title _____
Address: _____ Salary _____ per _____
Reason for Leaving _____
Supervisor's Name _____ Phone Number _____
Duties/Responsibilities: _____

4. Employer _____ Dates _____
Type of Business _____ Title _____
Address: _____ Salary _____ per _____
Reason for Leaving _____
Supervisor's Name _____ Phone Number _____
Duties/Responsibilities: _____

SIGNATURE

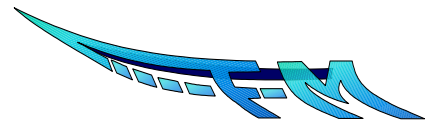
I, _____, certify that all of the above information is true and correct as far as I am currently aware, as it relates to the questions asked. Furthermore, I authorize the investigation of all statements contained in this application and hereby authorize my previous employers and references to furnish relevant information concerning my character, work habits, job performance and employment record. I understand that misrepresentation or omission of facts relevant to my employment is cause for dismissal.

Signature

____/____/____
Date

APPRECIATION

We would like to take this opportunity to express our appreciation to you for taking the time and effort to properly fill this application out. We take great pride in hiring the finest employees for **Fluid Mechanics, Inc.** Although this process is rigorous, it is exceptionally rewarding to all involved who are part of **Fluid Mechanics, Inc.**



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