



Employment Application

As an **Equal Opportunity Employer**, Ripley Lighting Controls does not discriminate on the basis of race, color, religion, national origin, gender, age, handicap, status as a veteran, sexual orientation, genetic information or any other classification protected by federal, state or local law. Applicants may request any needed reasonable accommodation to participate in the application process. Qualified individuals with a disability may request a reasonable accommodation to perform the duties of any position for which they are hired.

Personal Information	Last Name		First Name		Middle			
	Home Address, Number and Street		City	State	Zip	Duration		
	Previous Address, Number and Street		City	State	Zip	Duration		
	Home Telephone ()		Cell Telephone ()		E-Mail Address			
	Is there any information relative to a change of name, use of an assumed name or nickname necessary to enable a check on your work record? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the applicable name: _____							
	Position or type of work desired:				Referred by:			
Other Information	Have you ever been employed by Sunrise Technologies? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate date: _____			Do you currently have the legal right to work in the United States on a full time basis? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	Have you ever applied at Sunrise Technologies before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate date: _____			Note: An offer of employment is contingent upon the applicant providing Sunrise Technologies with acceptable documents that establish identity and employment eligibility.				
Education		Name	Address		Circle Last Grade Completed		Degree or Course of Study	
	High School				9 10 11 12			
	College				1 2 3 4			
	Graduate College				1 2 3 4			
	Trade School				1 2 3 4			
	Adult Education or Special Training:							
Are you currently enrolled in additional studies? Yes <input type="checkbox"/> No <input type="checkbox"/>		School and Location				Course/Program		
Skills, Accomplishments, Memberships	List office equipment you can operate:				List factory equipment you can operate:			
	List computer skills and hardware/software:							
	List other training/skills including job related language skills:							
	Describe thesis, publications, patents pending and other significant accomplishments:							
	List memberships in professional service or trade organizations (<i>exclude any that by name or character indicate the race, religion, sexual orientation, color, national origin, ancestry or other legally protected status of its members</i>):							

Employment History: Please list your employment history and/or any verifiable volunteer work (exclude any that by name or character indicate the race, religion, sexual orientation, color, national origin, ancestry or other legally protected status of its members)

List your most recent employer first. If you are currently employed, may we contact your present employer? Yes No

Employer	Phone ()	From Month: Year	To Month Year
Address Number Street		City	State Zip
Name, title and telephone number of supervisor(s):		Reason for leaving:	
Your position:			
Duties and accomplishments (describe work performed):			

Employer	Phone ()	From Month Year	To Month Year
Address Number Street		City	State Zip
Name, title and telephone number of supervisor(s):		Reason for leaving:	
Your position:			
Duties and accomplishments (describe work performed):			

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Your position:			
Duties and accomplishments (describe work performed):			

Employer	Phone ()	From Month Year	To Month Year
Address Number Street		City	State Zip
Name, title and telephone number of supervisor(s):		Reason for leaving:	
Your position:			
Duties and accomplishments (describe work performed):			

I certify that the information in this application and any resume that I submit are true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge if discovered at a later date.

I authorize any of the persons or organizations referenced in this application to give Sunrise Technologies any and all information concerning my previous employment, education or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and I release all such parties from liability for any damage that may result from furnishing such information to Sunrise Technologies and I release Sunrise Technologies and its representatives from liability for seeking such information.

I agree to abide by the rules and regulations of the Company and acknowledge that the Company may change, interpret, withdraw or add to these rules and regulations at any time with or without prior notice.

If employed, I understand that my employment is at-will, which means that it can be terminated, without cause, with or without prior notice, at any time, by either the Company or me.

Neither this application, nor any handbook, directive, employee manual, company policies and procedures or statements by any employee or member of management shall alter the above described at-will status of my employment with Sunrise Technologies.

This application will remain active for 90 days from the date it is submitted.

I understand and agree that an offer of employment is conditional upon my successfully completing a background investigation and may also be contingent upon taking a medical examination, at the Company's expense which may include drug and alcohol screening tests.

I understand that by using this form, the Company is not indicating that there are any position openings; nor does use of this form in any way obligate the Company.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liabilities.

Applicant's Signature

Date