



Application for Employment

An Equal Opportunity Employer

3005 SW Third Ave.
Ft. Lauderdale, FL 33315

Website: www.sunairhf.com
Phone: 954-525-1505

E-mail: humanr@sunairhf.com
Fax: 954-765-1322

— After completing this application, sign it, and fax or mail all seven pages —

Our Commitment:

In keeping with our commitment to the community in which we do business, and in compliance with state and federal law, the company is an equal employment opportunity employer. Our employment policies and practices ensure that we are committed to providing equal employment opportunities in all aspects of employment without unlawful regard to race, color, religion, national origin, ancestry, sex, sexual orientation, age, veteran's status, marital status, medical condition, and physical or mental disability.

Please complete information in ALL sections of this Application, even if it is accompanied by a resume.

Personal Information

Name of Applicant _____	Soc. Sec. No. _____
Street Address _____	City, State _____ Zip _____
E-Mail Address _____	Position Desired _____
Home Phone _____ Cell/Pager _____	Salary Range Expected _____
Willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No If travel is required, what percentage of travel time do you prefer? _____	

How were you referred to Sunair Electronics?

<input type="checkbox"/> Print Advertisement	Where: _____	<input type="checkbox"/> Website	Name: _____
<input type="checkbox"/> Career Fair	Name: _____	<input type="checkbox"/> Employee Referral	Name: _____
<input type="checkbox"/> Temporary Agency	Name: _____	<input type="checkbox"/> Former Employee	Name: _____
<input type="checkbox"/> Search Firm	Name: _____	<input type="checkbox"/> Other	Specify: _____
<input type="checkbox"/> Walk-in		<input type="checkbox"/> Mail-in	

Are you 18 years of age or older? Yes No Any relatives or friends at Sunair? Yes No
If yes, please name them: _____

Have you ever applied to this company? Yes No If yes, when: _____

Have you ever worked at this company? Yes No If yes, when: _____

In compliance with the Americans with Disabilities Act, are you able to perform the essential functions of the job for which you have applied with or without reasonable accommodation? Yes No

Have you ever been dismissed or forced to resign from any position? Yes No

If yes, please explain:

Please advise if any of the following apply to you: Are you an American citizen, lawful permanent resident with a green card, a temporary resident through amnesty, a refugee or asylee? Please answer "yes" or "no" to this statement. We do not want you to identify which is your status. Yes No

Can you, after being offered a position, begin work within four weeks of the offer? Yes No

Have you ever been convicted of a felony, excluding marijuana-related offenses that are more than two years old?

Yes No If yes, explain:

A conviction or criminal record will not necessarily disqualify you from employment. You are not required to disclose convictions for which the record has been judicially expunged, sealed, or eradicated or which by law are not required to be disclosed.

Please complete all sections, even if accompanied by a resume. Degrees and certificates will be verified.

Education and Training

Level	School/Address/Phone Number	Course/Degree	Dates	GPA	Graduate
High School					<input type="checkbox"/> Y <input type="checkbox"/> N
Vo/Tech					<input type="checkbox"/> Y <input type="checkbox"/> N
College/University					<input type="checkbox"/> Y <input type="checkbox"/> N
Graduate School					<input type="checkbox"/> Y <input type="checkbox"/> N
Military	List any completed courses that relate to the position for which you have applied:				

Please complete all sections. Please attach resume.. Employment history will be verified.

Employment History

Present or Last Employer _____ Phone Number _____
 Street Address _____ City, State _____ Zip _____
 Type of Business _____ Employment Dates from _____ to _____
 Position Title _____ Starting Salary _____ Ending Salary _____
 Does the above rate of pay include bonus, shift premium, field or OT pay? Yes No
 Supervisor _____ Reason for Leaving _____
 Basic Job Duties _____

May we contact your present employer? Yes No

Next Previous Employer _____ Phone Number _____
 Street Address _____ City, State _____ Zip _____
 Type of Business _____ Employment Dates from _____ to _____
 Position Title _____ Starting Salary _____ Ending Salary _____
 Does the above rate of pay include bonus, shift premium, field or OT pay? Yes No
 Supervisor _____ Reason for Leaving _____
 Basic Job Duties _____

Next Previous Employer _____ Phone Number _____
 Street Address _____ City, State _____ Zip _____
 Type of Business _____ Employment Dates from _____ to _____
 Position Title _____ Starting Salary _____ Ending Salary _____
 Does the above rate of pay include bonus, shift premium, field or OT pay? Yes No
 Supervisor _____ Reason for Leaving _____
 Basic Job Duties _____

Work References

List three persons aware of your job abilities. Please do not list previous supervisors, since they are already listed above.

Name	Address (including city/state)	Position Title & Company	Day Phone	Evening Phone
1.				
2.				
3.				



Please read the following statements carefully before signing this application.

Statements

My handwritten initials in front of each statement below, as well as my handwritten signature below, indicate that I have read and understand all the statements, and that I am in agreement with them.

I certify that all information on this application is true and correct.

It is my understanding that Sunair Electronics, LLC may make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews, subject to compliance with applicable fair credit reporting acts. I authorize such investigation and the giving and receiving of any information requested by Sunair Electronics, LLC and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.

I further understand that if I am employed by Sunair Electronics, LLC, that continued employment with the company is at the mutual consent of each employee and the company. Employees and the company retain the right to terminate the employment relationship at will, at any time, with or without cause. Only the President of the company has the authority to make any contrary agreement or representation, and if done, the agreement must be in writing.

If hired, I agree that my employment is subject to Sunair Electronics, LLC policy regarding the hiring of relatives and/or cohabitants, which may result in my termination or change in work assignment.

If hired, I am in agreement with the Sunair Electronics, LLC policy of equal opportunity in all phases of employment without unlawful regard to race, color, religion, national origin, ancestry, sex, sexual orientation, age, veteran's status, marital status, and physical or mental disability.

If hired, I agree to comply with the company's safety and work rules.

Sunair Electronics, LLC is strongly committed to respecting the rights of other companies to their trade secrets and proprietary or confidential information (collectively "Proprietary Information"), just as Sunair expects other companies to respect Sunair's rights in its Proprietary Information. If I become an employee, I will be careful not to use in my work third party Proprietary Information or to reveal such information to my work colleagues.

If hired, I will be required to submit documents indicating my legal authorization to work in the United States. This procedure is in compliance with the Immigration Reform and Control Act of 1986, which applies to all persons hired with any U.S. employer after November 6, 1986. Upon submission of these documents, I will also be asked to sign an INS Form I-9 under penalty of perjury indicating that I am a citizen or national of the U.S., an alien lawfully admitted for permanent residence, or an alien who is otherwise authorized by Immigration laws to obtain employment in the U.S.

I further understand that this is an application for employment and that no employment contract is being offered. If hired, I understand that Sunair Electronics, LLC can change wages, benefits, and conditions at any time.

I understand that as a condition of any employment resulting from this application, I will be required to sign an employee agreement which, among other things, will obligate me to protect company proprietary information and, subject to applicable law, to assign to the company any inventions relating to the business of the company or resulting from my employment with the company.

If employed by Sunair, I understand that my continuing employment is subject to: (1) the policies and procedures of the Company, which include the Sunair Code of Ethics; (2) verification of educational degrees; (3) after I am employed and if my position will require access to classified information, being granted and maintaining an appropriate security clearance granted by the U.S. government. In this regard, I agree to submit in a timely manner detailed personal, medical and biographical information to the U.S. government as may be required by this clearance procedure.

My handwritten initials in front of each statement above, as well as my handwritten signature below, indicate that I have read and understand all the statements, and that I am in agreement with them.

Applicant Signature

Date

Thank you for your cooperation and your interest in employment with Sunair Electronics, LLC.



Voluntary Affirmative Action Information

Sunair Electronics, LLC is a government contractor subject to Executive Order 11246, as amended, section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, and the Rehabilitation Act of 1973 requiring Sunair Electronics, LLC to take affirmative action to employ and advance in employment all persons without regard to their race, color, sex, national origin, or physical or mental disability, and to affirmatively seek to employ qualified disabled veterans and veterans of the Vietnam Era.

We must demonstrate that we meet Equal Employment Opportunity requirements and that we are taking the appropriate affirmative action. Periodically, we must report statistical information to the federal government about our employees and all applicants for employment. The confidential information requested below is necessary for our reporting requirements. This information will be kept separate from other employment papers and employee records, and will not be used in any way to make employment decisions; it simply helps us keep our records accurate. Your participation is voluntary and would be greatly appreciated.

Name: _____ Job Position: _____ Req. #: _____

Date: _____ Please be specific. We cannot accept applications that say "any job I'm qualified for" or "any open position."

Please check one square in *each* of the blocks below or check the shaded blocks.

<input type="checkbox"/> PREFER NOT TO ANSWER Signature: _____	<input type="checkbox"/> PREFER NOT TO IDENTIFY ETHNIC BACKGROUND Signature: _____
GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> CAUCASIAN (Persons with origins in any of the original people of Europe, North Africa, or the Middle East. Not of Hispanic origin.)
VIETNAM ERA VETERAN: (08/04/64 to 05/7/75) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> AFRICAN-AMERICAN (Persons with origins in any of the black racial groups of Africa. Not of Hispanic origin.)
OTHER VETERAN: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ASIAN or PACIFIC ISLANDER (Persons with origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.)
*DISABLED VETERAN: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify disability: _____	<input type="checkbox"/> AMERICAN INDIAN or ALASKAN NATIVE (Persons with origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.)
*INDIVIDUAL WITH A DISABILITY: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify disability: _____	<input type="checkbox"/> HISPANIC (Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.)

*If you are disabled, please specify the accommodations we could make that would enable you to perform the job properly and safely, including special equipment, changes in physical layout of the job, elimination of certain duties relating to the job, or other accommodations.



DEFINITIONS:

Disability:

The Rehabilitation Act of 1973, as amended, defines a disabled individual for the purposes of the program as any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having such an impairment.

"Life activities" may be considered to include communication, ambulation, self-care, socialization, education, vocational training, employment, transportation, adapting to housing etc. For the purpose of Section 503 of the Act, primary attention is given to those life activities that affect employability.

The phrase "substantially limits" means the degree that the impairment affects employability. A disabled individual who is likely to experience difficulty in securing, retaining or advancing in employment would be considered substantially limited.

"Has a record of such an impairment" means that an individual may be completely recovered from a previous physical or mental impairment. It is included because the attitude of employers, supervisors, and coworkers toward that previous impairment may result in an individual experiencing difficulty in securing, retaining, or advancing in employment. The mentally restored, those who have had heart attacks or cancer often experience such difficulty. Also, this part of the definition would include individuals who may have been erroneously classified and may experience discrimination based on this misclassification. This group may include person such as those who have been misclassified as mentally retarded or mentally restored.

"Is regarded as having such an impairment" refers to those individuals who are perceived as having a disability, whether an impairment exists or not, but who, because of attitudes or for any other reason, are regarded as disabled by employers or supervisors who have an effect on the individual securing, retaining or advancing in employment.

"Special Disabled Veteran" means (A) a veteran who is entitled to compensation (or who, but for the receipt of military retirement pay, would be entitled to compensation) under laws administered by the Veterans Administration for a disability (i) rated at 30 percent or more or (ii) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 1506 of Title 38, U.S.C., to have a serious employment handicap of (B) a person who was discharged or released from active duty because of a service-connected disability.

"Veteran of the Vietnam-era" means a person who served more than 180 days of active military, naval, or air service, any part of which was during the period August 5, 1964, through May 7, 1975, and who (i) was discharged or released there from with other than a dishonorable discharge, or (ii) was discharged or released from active duty because of a service-connected disability. No veteran may be considered to be a veteran of the Vietnam era under this paragraph after December 31, 1991.



CERTIFICATION OF ACADEMIC CREDENTIALS

Dear Candidate:

We are required to verify the college degree(s) of each Sunair employee to substantiate data included in our capabilities profiles and marketing efforts.

Therefore, we need a copy of your college degree(s) or a transcript from the college or university that confirms that a degree was conferred.

If you lack such documentation, please complete the attached authorization for each college/university and return it to Human Resources. This authorization will be used to obtain the required certification directly from the university.

Thank you.

Sunair Electronics, LLC



AUTHORIZATION FOR DEGREE VERIFICATION

To: *(Please type the name and address of the college/university)*

From:

Name of Candidate *Former Name(s)*

Social Security Number

The undersigned authorizes Sunair Electronics, LLC to obtain certification that the following degree(s) were conferred as indicated below:

Degree: _____

Date Conferred: _____

Degree: _____

Date Conferred: _____

Authorized by: _____
Candidate signature *Date*