

APPLICATION FOR EMPLOYMENT
AT



Send resume and/or application form to
Encoder Products Company by one of the following methods:

- E-mail: careers@encoder.com
- Standard mail: PO Box 249 Sagle, ID 83860
- FAX: (208) 255-4717
- Or in-person at: 464276 Hwy 95 S Sagle, ID between 7:00 a.m. and 3:30 p.m.
Monday through Friday

APPLICATION FOR EMPLOYMENT

Encoder Products Company

464276 Hwy 95 S. Sagle, ID 83860 (7:00 a.m.-3:30 p.m. M-F) – (208)263-8541 – www.encoder.com

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status, the presence of a non-job related medical condition or disability or any other legally protected status.

THIS APPLICATION IS ONLY ACTIVE FOR 90 DAYS

Date of Application _____

Are you 18 years of age or older? Yes _____ No _____

Last Name:		First Name:		Middle Name:
Address:			Primary Telephone Number:	
City:	State:	Zip:		Alternate Telephone Number:
Position Applying For:			E-mail Address (Optional):	
Shift Applying For: <input type="checkbox"/> Any <input type="checkbox"/> Day Shift Only <input type="checkbox"/> Swing Shift Only <input type="checkbox"/> Night Shift Only				
Working Hours Applying For: <input type="checkbox"/> Any <input type="checkbox"/> Full Time Only <input type="checkbox"/> Part Time Only <input type="checkbox"/> Temporary				

EMPLOYMENT HISTORY

(List all positions held, including military, part-time, summer, volunteer, using additional sheets or back if necessary. List in chronological order, starting with the *most recent* or present position)

Month/Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From _____ To				
Job Titles & Principle Duties:				
Name & Title of Supervisor:				
From _____ To				
Job Titles & Principle Duties:				
Name & Title of Supervisor:				
From _____ To				
Job Titles & Principle Duties:				
Name & Title of Supervisor:				
From _____ To				
Job Titles & Principle Duties:				
Name & Title of Supervisor:				

