



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of Innovative Micro Technology

(PLEASE PRINT)

Position(s) Applied For:						Date of Application	
Referred by:	Advertisement	Employment Agency	IMT Website	Employee	School	Walk-In	Other
Name of Source							

Last Name	First Name	Middle Name
Street Address	City	County
	State	Zip Code
Home Phone	Cell Phone	Work Phone

Are you a U.S citizen, U.S. Permanent resident (Green Card holder), or a “protected individual” as defined under 8 U.S.C. 1324b(a)(3), such as an admitted refugee or alien granted asylum in the United States? Yes No

If “No”, is your most recent citizenship or permanent residency in a country listed below? Yes No
Cuba, Iran, North Korea, Sudan, & Syria.

NOTE: This information is used solely to comply with U.S. export control laws and regulations.
Proof of citizenship or immigration status will be required upon employment.

Have you ever been previously employed by Innovative Micro Technology in the past? Yes No
If yes, please list dates of employment, position(s) held and your name if different from present name.

Start Date: _____ Type of Work: Full-Time Part-Time Temporary

Availability? S M T W T F S 1st Shift 2nd Shift 3rd Shift 4th Shift

Do you know any foreign languages? Yes No
Languages: _____ Fluency: Beginner Moderate Advanced

Computer & Database Knowledge: Yes No Programs: _____
Level: Beginner Moderate Advanced

Do you have any relatives currently employed at IMT? Yes No
If yes, please list _____

Do you have commitments to another employer that might affect your employment with IMT?
 Yes No _____

Have you been convicted of a criminal offense (felony or misdemeanor)? Yes No

EDUCATION

Education Level	School Name	Course of Study	Years Completed	Diploma Degree	Year Awarded
High School					
Technical, Vocational, Business or Military School					
Undergraduate College					
Graduate College					
Professional Seminars					

EMPLOYMENT HISTORY

Start with your present or last job (if currently unemployed). Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, mental or physical disability, or other protected status. Do not reference resume. Please print legibly and complete in detail.

Employer (Most Current)	Dates Employed		Work Performed
	From	To	
May we contact this employer? Yes or No			
Salary Expectation:			
Reason for Leaving:			

Employer #2	Dates Employed		Work Performed
	From	To	
May we contact this employer? Yes or No			
Salary Expectation:			
Reason for Leaving:			

Employer #3	Dates Employed		Work Performed
	From	To	
May we contact this employer? Yes or No			
Salary Expectation:			
Reason for Leaving:			

--	--

ADDITIONAL INFORMATION

List any professional, job-related certifications, licenses, and/or memberships.
(You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, mental disabilities, other protected statuses.)

PERIODS OF UNEMPLOYMENT

Please account for any gaps in your employment history within the past 10 years. Unemployment periods of longer than a month.

WORK REFERENCES *(Active Phone Numbers Required.)*

1. NAME:	Work #:
	Home #:
NATURE OF ASSOCIATION AND LENGTH:	E-Mail:
2. NAME:	Work #:
	Home #:
NATURE OF ASSOCIATION AND LENGTH:	E-Mail:
3. NAME:	Work #:
	Home #:
NATURE OF ASSOCIATION AND LENGTH:	E-Mail:

PERSONAL REFERENCES

1. NAME:	Work #:
LENGTH OF ASSOCIATION:	Home #:
2. NAME:	Work #:
LENGTH OF ASSOCIATION:	Home #:

INVITATION TO SELF-IDENTITY SEX, RACE, ETHNICITY

Innovative Micro Technology is an Equal Opportunity/Affirmative Action Employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, gender, sexual orientation, national origin, disability status, protected veteran status, or any other characteristic protected by law. IMT requests that you complete this data information solely to assist us in complying with Federal and State Equal Employment Opportunity and Affirmative Action Plan record keeping requirements. This information is voluntary and is requested for reporting purposes only. Please indicate which of the **Equal Opportunity Identification Groups** is applicable to you:

GENDER

- Female
- Male
- I choose not to provide this information

RACE/ETHNICITY (Check One Box)

- White** (Not of Hispanic Origin) – All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black** (Not of Hispanic Origin) – All persons having origins in any of the Black racial groups of Africa.
- Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian or Alaskan Native** – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- I choose not to provide this information.

INVITATION TO SELF-IDENTIFY VETERAN STATUS

IMT is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires contractors to take affirmative action to employ and advance in employment:

Disabled Veterans	Recently Separated Veterans
Active Duty Wartime or Campaign Badge Veterans	Armed Forces service medal veterans
Other Veteran Status	

The information you submit will be kept confidential. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

- I identify as one or more of the classifications of protected veteran listed above
- I am not a protected veteran
- I choose not to provide this information

INVITATION TO SELF-IDENTIFY DISABILITIES

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment. Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contracts, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

- Yes, I have a disability (or previously had a disability)

- No, I do not have a disability
- I choose not to provide this information

APPLICANT'S STATEMENT

(PLEASE READ CAREFULLY)

I certify that all the information given by me on this application or in supplemental form is true and correct to the best of my knowledge and belief. I further understand that false or misleading statements or consequential omissions of any kind on this application or supplemental forms are sufficient cause for my not being hired or immediate termination of employment if I am hired, whenever it may be discovered.

In consideration of my employment, I agree to conform to the rules and standards of the Company and agree that my employment is **AT WILL** and can be terminated with or without cause or advance notice, at any time, either at my option or at the option of Innovative Micro Technology. I understand that Innovative Micro Technology will not be bound by any oral promises made as to length of employment or conditions of termination and that no employee or representative of Innovative Micro Technology has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, in the absence of the approval of the Board of Directors of Innovative Micro Technology. Further, such change must be evidenced by a written agreement signed by the President of Innovative Micro Technology and designated as an "Employment Agreement."

I understand that it is the policy of Innovative Micro Technology not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the Americans with Disabilities Act.

In the event of my employment, any Company materials entrusted to me during the course of my employment will be returned to Innovative Micro Technology on the last day of my employment whether I resign or am terminated. I agree and understand that should I be employed I will not, at any time or in any manner, whether during or after my employment, either directly or indirectly, divulge, disclose, or communicate to any outside person, firm, or corporation, in any manner whatsoever, any confidential information concerning any matters affecting or relating to the business of Innovative Micro Technology or any of its subsidiaries including, without limiting the generality of the foregoing, confidential information related to any of its customers, the prices it sets or the fees it has obtained from the sale of its services or products, or relating to its manner of operation, its plans, and other "proprietary information." I understand that I will be asked to sign a confidentiality agreement consistent with this paragraph as a condition of employment.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time may result in immediate termination of employment.

I hereby authorize my previous employer and my current employer to provide any and all information they deem appropriate (to include final salary) regarding my employment and job performance. This information may be provided either verbally or in writing. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my previous or current employers and their agents, employees and representatives, and release such employers and their agents, employees and representatives from any and all liability, claims or damages that may directly or indirectly result from the use, disclosure or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

APPLICANT'S CERTIFICATION *(Do not sign until you have read and understand the entire page.)*

This certifies that I have read and understand the preceding statement and that this application was completed by me. This also certifies that all entries on it are true and complete to the best of my knowledge, and that I seek employment under these conditions.

Applicant Signature

Date

PLEASE ATTACH A CURRENT RESUME