



Employment Application

Date

Email Address

Phone #

Last Name

First Name

Middle

Address

No. & Street

City

State

Zip Code

Employment Desired

Position applying for: _____

Your Expected Rate: \$ _____ Hour Week Year
(Circle One)

Personal Information

How did you hear about our company and this job opening?

Why are you applying for work at Amphenol DC Electronics?

Education

High School

No. & Street

City, State, Zip Code

Graduate?

Yes / No
(Circle One)

Degree/Diploma

College/University

No. & Street

City, State, Zip Code

Yes / No
(Circle One)

Employment Application

Employment History

List below all present and past employment starting with your most recent employer.
You must complete this section even if attaching a resume.

Name of Employer

Phone Number

Type of Business

Supervisor's Name

No. & Street

City

State

Zip Code

Dates of Employment:

From

To

Current Employer?

Yes / No
(Circle One)

May We contact this Employer?

Yes / No
(Circle One)

Your Position and Duties

Reason for Leaving

Name of Employer

Phone Number

Type of Business

Supervisor's Name

No. & Street

City

State

Zip Code

Dates of Employment:

From

To

Current Employer?

Yes / No
(Circle One)

May We contact this Employer?

Yes / No
(Circle One)

Your Position and Duties

Reason for Leaving

Employment Application

Please Read Carefully, Initial Each Paragraph, and Sign Below

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize Amphenol DC Electronics to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

The Company will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" Laws.

Applicant's Signature

Date

An Equal Opportunity Employer

Amphenol DC Electronics Facility Applicant Procedures

May 4, 2020

To protect the health of everyone at our sites, we have implemented guidelines that now require additional screening of all visitors prior to entry into our Amphenol DC Electronics (ADCE) facility.

Effective immediately, all applicants applying for a position with the anticipation of interviewing at this facility will be required to complete the Amphenol Health Screening Form (page 2), administer their own temperature and wear a mask.

If you have traveled to any of the following countries within the last 14 days, or answered yes to any of the questions on page 2 - access will be denied.

- _____ **China**
- _____ **Europe, (Italy, Ireland, Germany, England)**
- _____ **Iran**
- _____ **Japan**
- _____ **South Korea**
- _____ **Outside of Broome County:** _____
- _____ **New York City and surrounding areas:** _____

- **Other:** _____

If any questions are answered “yes,” the applicant will be respectfully asked to reschedule their meeting or make other arrangements.

If a visitor is approved to enter and plans to be on Amphenol premises for consecutive days, there is no need to repeat the questionnaire each day, unless any responses change. Changes should be reported to the Amphenol host.

Thank you for your patience with these safety measures as we continue to address this Pandemic together.



The safety of our employees, customers, families and visitors remains Amphenol’s overriding priority. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spreads globally, Amphenol Corporation is monitoring the situation closely and will periodically update company guidance based on current recommendations from the Center for Disease Control and the World Health Organization.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you for your time.

| | |
|---|--------------------------------------|
| Visitor’s Name: (print) | Personal Phone Number (mobile/home): |
| Visitor’s Company / Organization: ADCE | Name of Amphenol Host: |
| Facility Location: 1870 Little Orchard St., San Jose, CA 95125 | |

If the answer is “yes” to any of the following questions, access to the facility will be denied. It will not disqualify for consideration for an interview or a possible position.

| Self-Declaration by Applicant | |
|-------------------------------|---|
| 1 | Have you returned from any of the countries listed on the previous page within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2 | Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3 | Have you been in close contact with anyone who has traveled within the last 14 days to one of the countries listed on the previous page? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4 | Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)? Yes <input type="checkbox"/> No <input type="checkbox"/> |

I understand that these guidelines have been implemented based on guidelines provided by the CDC, and/or federal, state, or local public health authorities and are subject to change as guidance from these authorities changes.

Signature (visitor): _____

Date: _____

Note: If you plan to be onsite for consecutive days, please immediately advise your Amphenol host if any of your responses change. The information collected on this form will be used to determine your access rights to this Amphenol facility.

Access to facility (circle one): Approved Denied