



CTS
CORPORATION - and its subsidiaries
 An Equal Opportunity Employer M/F/D/V

EMPLOYMENT APPLICATION

If you find any question to be objectionable, we will be happy to explain our purpose for asking the information. Please do not provide information on this application which would indicate your national origin, race, or religion. We do not discriminate against applicants because of race, religion, sex, age, color, national origin, disability, or veteran status.

We are committed to protecting the health and safety of our employees. Successfully completing and passing a pre-employment drug screen is a condition of employment.

I. **GENERAL INFORMATION** DATE _____

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
NUMBER and STREET CITY STATE ZIP

CONTACT NUMBER _____ SOCIAL SECURITY NUMBER _____

IN AN EMERGENCY NOTIFY: NAME _____

DAYTIME TELEPHONE _____ EVENING TELEPHONE _____

ARE YOU UNDER THE AGE OF 18? YES NO

DO YOU HAVE THE LEGAL RIGHT TO WORK FOR CTS CORPORATION IN THE UNITED STATES? YES NO

CTS LOCATION APPLYING TO _____

HAVE YOU EVER APPLIED TO A CTS CORPORATION SITE? YES NO

IF YES, DATES _____ WHICH SITE _____

TYPE OF EMPLOYMENT DESIRED FULL TIME _____ PART TIME _____ SUMMER _____
 FROM _____ TO _____

POSITION APPLIED FOR _____ DATE AVAILABLE _____

APPROXIMATE STARTING SALARY REQUIRED: _____

ARE YOU WILLING TO RELOCATE? YES NO

IF YES, ANY GEOGRAPHICAL PREFERENCE? _____

ARE YOU WILLING TO WORK ANY SHIFT? YES NO IF NOT,
 WHICH SHIFT CAN YOU WORK? 1st 2nd 3rd

IN THE PAST SEVEN YEARS, HAVE YOU EVER BEEN CONVICTED OF VIOLATING ANY LAWS OTHER THAN MINOR TRAFFIC VIOLATIONS? YES NO

IF YES, STATE THE NATURE OF THE OFFENSE, WHERE, WHEN, AND DISPOSITION OF OFFENSE

II. EDUCATION

	NAME & LOCATION OF SCHOOL	MAJOR SUBJECTS	GPA	CIRCLE LAST YEAR ATTENDED	GRADUATED
HIGH SCHOOL				9 10 11 12	YES <input type="checkbox"/> NO <input type="checkbox"/>
TRADE, TECHNICAL, OTHER				1 2 3 4 5	YES <input type="checkbox"/> NO <input type="checkbox"/>
COLLEGE				1 2 3 4 5	YES <input type="checkbox"/> NO <input type="checkbox"/>
GRADUATE SCHOOL				1 2 3 4 5	YES <input type="checkbox"/> NO <input type="checkbox"/>

IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, DID YOU COMPLETE THE GED? YES NO

III. EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PRESENT EMPLOYER ? YES NO

DATES	COMPANY NAME	COMPANY PHONE
FROM	STREET ADDRESS	ANNUAL EARNINGS OR HOURLY RATE
TO	CITY, STATE, ZIP	
LAST SUPERVISOR'S NAME AND TITLE		INITIAL: \$
STARTING POSITION	CURRENT OR FINAL POSITION	FINAL: \$
REASON FOR LEAVING		

DATES	COMPANY NAME	COMPANY PHONE
FROM	STREET ADDRESS	ANNUAL EARNINGS OR HOURLY RATE
TO	CITY, STATE, ZIP	INITIAL:
LAST SUPERVISOR'S NAME AND TITLE		\$
STARTING POSITION	CURRENT OR FINAL POSITION	FINAL:
		\$
REASON FOR LEAVING		

DATES	COMPANY NAME	COMPANY PHONE
FROM	STREET ADDRESS	ANNUAL EARNINGS OR HOURLY RATE
TO	CITY, STATE, ZIP	INITIAL:
LAST SUPERVISOR'S NAME AND TITLE		\$
STARTING POSITION	CURRENT OR FINAL POSITION	FINAL:
		\$
REASON FOR LEAVING		

DOES AN OBLIGATION TO A PREVIOUS EMPLOYER THROUGH A SECRECY AND INVENTION AGREEMENT, AN EMPLOYMENT CONTRACT, OR OTHER FORMAL REQUIREMENT EXIST?
 YES NO IF YES, WITH WHOM? _____



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REFERENCE SOURCES

GIVE THREE INDIVIDUALS (NOT RELATIVES), WHOM YOU HAVE WORKD FOR OR WITH FOR AT LEAST ONE YEAR.

NAME AND TITLE	COMPANY	ADDRESS AND TELEPHONE

IS THERE ANOTHER NAME CTS CORPORATION SHOULD USE TO VERIFY ACADEMIC RECORDS AND WORK HISTORY? YES NO

IF YES, WHAT NAME? _____

I AUTHORIZE CTS CORPORATION TO CONTACT THE REFERENCE SOURCES PROVIDED ABOVE AND ON THE APPLICATION AND TO MAKE THOROUGH INVESTIGATION OF MY PAST EMPLOYMENT AND EDUCATION. I AGREE TO COOPERATE IN SUCH INVESTIGATIONS, AND RELEASE FROM ALL LIABILITY OR RESPONSIBILITY ALL PERSONS AND CORPORATIONS REQUESTING OR SUPPLYING SUCH INFORMATION.

 APPLICANT'S SIGNATURE

 DATE

 PRINTED NAME

Please return with the application



**VOLUNTARY SURVEY
FOR APPLICANTS AND EMPLOYEES**

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This employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites applicants and employees to voluntarily self-identify their race or ethnicity and disabled or veteran status.

***SUBMISSION OF THIS INFORMATION IS VOLUNTARY AND REFUSAL
TO PROVIDE IT WILL NOT SUBJECT YOU TO ANY ADVERSE TREATMENT.***

The information obtained will be kept **CONFIDENTIAL** and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

SEX: _____ Female _____ Male

RACE/ETHNICITY:

- _____ Hispanic or Latino
- _____ White (Not Hispanic or Latino)
- _____ Black or African American (Not Hispanic or Latino)
- _____ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- _____ Asian (Not Hispanic or Latino)
- _____ American Indian or Alaska Native (Not Hispanic or Latino)
- _____ Two or more races (Not Hispanic or Latino)

VETERAN AND DISABLED STATUS:

_____ Disabled veteran, *defined as a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Defense, or was discharged or released from active duty because of a service-connected disability.*

_____ Recently separated veteran, *defined as any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty.*

_____ Armed Forces service medal veteran, *defined as a veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (62 Fed. Reg. 1209).*

_____ Other protected veteran, *defined as a veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense.*

_____ Disabled (other than a disabled veteran)

I understand that submission of this information is **STRICTLY VOLUNTARY**.

Signature

Printed Name

Date

DRUG / ALCOHOL POLICY STATEMENT

Drug / Alcohol Policy Statement - Alcohol and drug abuse is a hazard that interferes with the health and safety of CTS' employees. CTS Corporation is committed to protecting the health and safety of its workforce.

To promote this commitment, CTS Corporation seeks to maintain a workforce and environment that are free from the effects of substance abuse. CTS Corporation has established a formal policy regarding intoxication (non-medical use of drugs and alcoholic beverages), namely:

The use, purchase, distribution, or possession of intoxicants or being under the influence is prohibited on CTS Corporation property and in the workplace.

CTS Corporation has taken the initiative to prevent such abuse from affecting the workplace. Since it is imperative that all prospective candidates are drug free and in order to implement the aforementioned policy, CTS Corporation has developed a Pre-Employment Drug Screening Program.

Persons found as a result of the Pre- Employment Drug Screen to be using an illegal substance, will not be hired

Refusal to provide a specimen will result in an incomplete application, therefore the candidate's application for employment will not be processed.

As with all information gathered in the interview process, the results indicating a positive or negative level of drug use will be held as strictly confidential.

PLEASE NOTE: IF ACCEPTED FOR EMPLOYMENT, YOU WILL BE REQUIRED TO FURNISH DOCUMENTATION VERIFYING YOUR ABILITY TO WORK FOR CTS IN THE U.S., YOUR AGE, AND YOUR EDUCATIONAL LEVEL. SAID DOCUMENT MUST SATISFY REQUIREMENTS OF INS FORM I-9 AND MUST BE PRODUCED WITHIN THREE BUSINESS DAYS FROM DATE OF EMPLOYMENT.

STATEMENT OF AGREEMENT & UNDERSTANDING

IF ACCEPTED FOR EMPLOYMENT, I HERBY AGREE TO COMPLY WITH ALL RULES AND REGULATIONS AND TO PERFORM ALL ASSIGNED DUTIES TO THE BEST OF MY ABILITY.

I CERTIFY THAT THE ENTRIES I HAVE MADE ON THIS FROM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I DO UNDERSTAND ANY OMISSIONS OR MATERIAL MISSTATEMENTS OF FACT ARE CAUSE FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF INFORMATION I HAVE PROVIDED WITHOUT ANY LIABILITY WHATSOEVER ARISING THEREFROM. I FURTHER AGREE TO UNDERGO SUCH MEDICAL EXAMINATIONS AS MAY BE REQUIRED FROM TIME TO TIME DURING THE PERIOD OF MY EMPLOYMENT.

I UNDERSTAND AND AGREE THAT I MAY TERMINATE MY EMPLOYMENT AT ANY TIME WITHOUT NOTICE OR CAUSE AND THAT CTS POSSESSES A CORRESPONDING RIGHT TO TERMINATE MY EMPLOYMENT OR MODIFY OUR EMPLOYMENT RELATIONSHIP AT ANY TIME WITHOUT CAUSE OR NOTICE. I UNDERSTAND AND AGREE FURTHER, THAT THE PRACTICES AND STATEMENTS SET FORTH IN POLICIES, HANDBOOKS, OFFERS OF EMPLOYMENT, OR OTHER COMPANY LITERATURE DO NOT CREATE AN EMPLOYMENT CONTRACT OR TERM AND THAT CTS, AT ITS DISCRETION, MAY MODIFY, AMEND OR TERMINATE PRESENT OR FUTURE POLICIES AND PRACTICES RELATING TO WAGES, HOURS, BENEFITS AND OTHER TERMS AND CONDITIONS OF EMPLOYMENT.

FINALLY, IN CONSIDERATION OF MY EMPLOYMENT AND ANY WAGES, SALARY OR OTHER REMUNERATION PAID TO ME BY THE COMPANY, I AGREE NOT TO COMMUNICATE AND DISCLOSE TO ANY PERSON, NOT EMPLOYED BY THE COMPANY, ANY PROPRIETARY KNOWLEDGE, CONFIDENTIAL INFORMATION OR TRADE SECRETS ACQUIRED BY ME DURING MY ASSOCIATION WITH THE COMPANY AND THAT THE COMPANY SHALL HAVE FULL TITLE TO EVERY INVENTION, DISCOVERY, OR IMPROVEMENTS CONCEIVED OR DELIVERED BY ME DURING THE PERFORMANCE OF MY EMPLOYMENT AND I AGREE, IF REQUESTED TO EXECUTE SUCH INSTRUMENT AND ASSIGNMENTS AS MAY BE NECESSARY TO ENABLE THE COMPANY TO OBTAIN LETTERS PATENT THEREON IN THE U.S. AND ELSEWHERE.

APPLICANT'S SIGNATURE

DATE

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with CTS Corporation (herein "Client"), or if employed, I understand that prior to or at any time after my employment commences a consumer report may be requested for employment purposes from InfoLink Screening Services, Inc. (herein, InfoLink) from public records including, but not limited to, social security trace, motor vehicle history report/driving records and criminal history to the extent permitted by law from various local, state and federal agencies. Finally, I understand that an investigative consumer report may be requested and I understand that this report will include information as to my character, general reputation, personal characteristics and mode of living.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY ADMINISTRATOR, LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, CREDIT BUREAU, AND/OR ANY OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER OR ANY OTHER INFORMATION REQUESTED BY INFOLINK DEEMED PERTINENT TO MY EMPLOYMENT.

In accordance with the FCRA and applicable state laws, I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Reporting Agency. If so, I will be so advised in writing and be given the name, address and toll free number of the agency, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have the right (i) if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency (under no circumstances shall such cost exceed the actual costs of duplication), and from any other Consumer Reporting Agency which compiles and maintains files on consumers on a nationwide basis; and, (ii) to dispute the accuracy or completeness of any information in a consumer report furnished by the Reporting Agency. I understand that upon my request with reasonable notice and after furnishing proper identification, InfoLink's trained personnel will provide me with investigative information in my file during normal business hours in person or upon written request, by certified mail to a specified addressee, or telephone as permitted by law. Further, I understand that should I wish to review my file in person; I am permitted to be accompanied by one other person of my choosing who shall furnish reasonable identification and if requested, InfoLink will provide a written explanation of any coded information contained in my file. I understand that InfoLink is a Consumer Reporting Agency and it is InfoLink's policy to not be involved in or make hiring decisions or recommendation.

InfoLink's privacy policy limits the information it provides to the client named herein, however I hereby authorize the client to share such information with parties in interest who have a "need to know" such information to protect them and their employees. InfoLink does not sell or otherwise provide any of the information found in its background investigations to any other party other than the client.

I understand that any consumer report or investigative consumer report requested will be used strictly for employment purposes as defined under §603(h) and authorized under §604(a)(3)(B) of the Fair Credit Reporting Act, as a report to be used for the purpose of evaluation for employment, promotion, reassignment or retention as an employee. In addition, I understand that any offer of employment, promotion, reassignment or retention will be conditional upon the receipt of satisfactory information as required by the subscriber, and that to be considered for employment, promotion, reassignment or retention, I must authorize the procurement of such report(s). A photographic or faxed copy of this form shall be as valid as the original.

The following must be filled out completely and signed for your application to be considered.

(Please Print Legibly)

Last Name _____ First Name _____ Middle Name / Initial _____

Home Address _____

City _____ County _____ State _____ Zip Code _____

Social Security Number _____ Driver's License Number _____ State Issued _____ E-mail Address _____

For Identification Purposes, Please Provide: Month of Birth _____ (Jan-Dec) Day of Month Born _____ (1-31)
(Please do not supply year of birth)

Have you used any names or social security numbers other than above? Yes No

Please List Other Names Used _____ Please List Other Social Security Numbers Used _____

Signature Authorizing the Procurement of the Consumer Report and/or Investigative Consumer Report _____ Today's Date _____

I understand that in California, Minnesota or Oklahoma, if a consumer report and/or investigative consumer report (including any credit report) was requested, I may order a copy of such report and it will be mailed to me. Please send me a copy of my report.



9201 Oakdale Avenue, Suite 100, Chatsworth, CA 91311-6520
PHN: (818) 990-HIRE ♦ (800) 990-HIRE ♦ FAX: (818) 709-2345

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