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**MICROELECTRONIC MATERIALS**

Dear Applicant:

Shin-Etsu MicroSi, Inc. is continuously seeking highly qualified individuals for various employment opportunities within our organization. We will thoroughly review your application and/or resume for employment and will notify you if there are any openings that match your skills and qualifications.

Thank you for seeking employment with Shin-Etsu MicroSi, Inc.

Please complete the following forms. Save the file as "SEMS App\_Form your name.pdf." Print a copy for your files and email the completed form to [greatopportunities@microsi.com](mailto:greatopportunities@microsi.com).

# Shin-Etsu MicroSi, Inc.

## Application for Employment

(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions. Job applicants, whether permanent or temporary, as a condition of hiring or working at our site, will be tested to determine illicit or illegal use of drugs or alcohol. As a condition of employment, all employees, whether permanent or temporary, are subject to random drug and alcohol testing. Our employment-at-will policy permits an employee or the company to end its relationship, with or without notice or cause, so long as there is no violation of applicable federal or state law.

Date: \_\_\_\_\_

### I. Personal Information

\_\_\_\_\_  
Name: Last First Middle

\_\_\_\_\_  
Present Address (Street) (City) (State) (zip)

\_\_\_\_\_  
Permanent Address (if different than above)

\_\_\_\_\_  
Social Security Number Telephone (with Area Code)

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

### II. Position Applied For: \_\_\_\_\_

- A. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:  
\_\_\_\_\_
- B. Do you have any relatives who are presently (or have formerly been) employed by Shin-Etsu MicroSi? \_\_\_\_\_
- C. How were you referred to Shin-Etsu MicroSi? \_\_\_\_\_
- D. Have you ever been convicted of a felony? \_\_\_Yes \_\_\_No If yes, please explain:  
\_\_\_\_\_

### III. Educational History

School Name/Location	Years Completed	Degree/Diploma
Elem./Jr. High _____		
High School _____		
College _____		
Tech. Training _____		
Other _____		

### IV. Employment Record *Please include all employment for the last five years.*

A. \_\_\_\_\_  
Company Name (Current or Most Recent Employer)      Position Held \_\_\_\_\_

\_\_\_\_\_      Dates Employed: \_\_\_\_\_  
Address Street      City      State      Zip      From      To

\_\_\_\_\_      Telephone      Wage/Salary  
Manager/Supervisor

\_\_\_\_\_      Reason for Leaving

B. \_\_\_\_\_  
Company Name      Position Held \_\_\_\_\_

\_\_\_\_\_      Dates Employed: \_\_\_\_\_  
Address Street      City      State      Zip      From      To

\_\_\_\_\_      Telephone      Wage/Salary  
Manager/Supervisor

\_\_\_\_\_      Reason for Leaving

C. \_\_\_\_\_  
Company Name      Position Held \_\_\_\_\_

\_\_\_\_\_      Dates Employed: \_\_\_\_\_  
Address Street      City      State      Zip      From      To

\_\_\_\_\_      Telephone      Wage/Salary  
Manager/Supervisor

\_\_\_\_\_      Reason for Leaving

**Note:** Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

\_\_\_\_\_  
Employer's Name Reason

\_\_\_\_\_  
Employer's Name Reason

**V. References** *Please do not include relatives.*

A. \_\_\_\_\_  
Name Years Known

\_\_\_\_\_  
Address Street City State Zip Telephone (with Area Code)

\_\_\_\_\_  
Occupation

B. \_\_\_\_\_  
Name Years Known

\_\_\_\_\_  
Address Street City State Zip Telephone (with Area Code)

\_\_\_\_\_  
Occupation

C. \_\_\_\_\_  
Name Years Known

\_\_\_\_\_  
Address Street City State Zip Telephone (with Area Code)

\_\_\_\_\_  
Occupation

**VI. Work Availability**

If your application receives favorable consideration, when will you be available to begin work? \_\_\_\_\_

**AUTHORIZATION:**

I certify that the facts contained in this employment application are true and complete to the best of my knowledge; and I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained in this employment application. I authorize the references and employers listed above to give you any and all information concerning my previous employment. Because Shin-Etsu MicroSi has enhanced security requirements from the U.S. Department of Transportation, I authorize background investigations. I release Shin-Etsu MicroSi from all liability that may result from the utilization of the above information.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# **APPLICANT COMPLETE THE FOLLOWING**

## **Release Authorization**

I. In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reason for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references.

II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

III. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the report(s) ordered, check this box . The report(s) will be sent by the reporting agency to you at the address below.

V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by ADP Screening and Selection Services or its agent, to furnish the information described in Section I.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.

Please print your full name      Last                      First                      Middle

Please print other names you have used

Home Address

City    State                      Zip Code

Social Security Number

Date of Birth

Drivers License Number    State Issuing License

Name as it appears on license

Signature    Today's Date

# **EMPLOYER COMPLETE THE FOLLOWING**

## **Order Form**

Customer Number      Shen-Etsu MicroSi  
(480) 893-8898      Company Name  
Phone Number      (480) 893-8637  
Fax Number

Requester Name      Billing Code

**EMPLOYER- COMPLETE THE FOLLOWING ONLY IF ORDERING BY FAX**

**DELIVER MY REPORTS VIA:**

Fax     Mail     ADP Select (Online)

**888-606-7868**  
**800-237-4011 (FAX)**

**PLEASE CHOOSE FROM THE FOLLOWING REPORTS:**

**PACKAGE**



**Screening and Selection Services**

NAME OF PACKAGE

**BANKRUPTCY RECORDS**

Check to order same report for other names used

City                      State                      County (if known)

**CIVIL COURT RECORD** (Select any U.S. County)

Check to order same report for other names used

City                      State                      County (if known)

City                      State                      County (if known)

**STATE CRIMINAL COURT RECORDS** (Where available)

Check to order same report for other names used

List State(s)

**COUNTY CRIMINAL COURT RECORDS** (Select any U.S. County)

Check to order same report for other names used

City                      State                      County (if known)

Felony (default)       Misdemeanor (Where available for additional charge)

City                      State                      County (if known)

Felony (default)       Misdemeanor (Where available for additional charge)

**FEDERAL COURT RECORDS**

**FEDERAL CRIMINAL**       **FEDERAL CIVIL**

Check to order same report for other names used

City                      State                      County (if known)

**DRIVING RECORD**

**FIRST CHECK SSN VALIDATION**

**INSTANT COUNTY LOCATOR ADDRESS VERIFICATION**

**NAME VERIFICATION (Name Link)** (For employment purposes only)

**REFERENCE VERIFICATION**

(Reference information, including city and state, required on a separate sheet)

**Employment Verification**

**Personal Reference Verification**

**Education Verification**

**Credential Verification**

**WORKERS' COMPENSATION RECORDS**

Employer certifies that a conditional job offer has been made

List State(s)

# Disclosure to Employment Applicant Regarding Procurement of A Consumer Report

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on the reverse side of this document.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

This report will be processed by:  
ADP Screening and Selection Services  
301 Remington Street  
Fort Collins, Colorado 80524  
800/367-5933

Applicant's Name: \_\_\_\_\_  
(Please Print)

Applicant's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

**You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

**You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

**You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

**You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.

**Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

**Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

**Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

**You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

**You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

**You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

**Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	<b>Federal Trade Commission: Consumer Response Center - FCRA</b> Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	<b>Office of the Comptroller of the Currency</b> Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	<b>Federal Reserve Board Division of Consumer &amp; Community Affairs</b> Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	<b>Office of Thrift Supervision</b> Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	<b>National Credit Union Administration</b> 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	<b>Federal Deposit Insurance Corporation</b> Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	<b>Department of Transportation</b> Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	<b>Department of Agriculture</b> Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051