



Application for Employment

NOTE: You may encounter character limits preventing the distortion of the application. Limit your responses to the space provided.

Dear Candidate:

To assist us in assessing your qualifications, we request that you complete this application in its entirety. This application will be used in conjunction with your personal resume. Information disclosed on both your resume and this application will be used only for the purposes of qualifying your candidacy.

AN EQUAL OPPORTUNITY EMPLOYER:

We are an equal opportunity employer. We evaluate qualified applicants without regard to race, color, national origin, religion, sex, age, marital status, disability, veteran status, sexual orientation or gender identity, and other characteristics protected by law. The "EEO is the Law poster" is available at: http://www1.eeoc.gov/employers/upload/eeoc_self_print_poster.pdf. Individuals who need a reasonable accommodation because of a disability for any part of the employment process should contact your recruiter to request a reasonable accommodation.

PERSONAL INFORMATION Complete *all* applicable information

Legal Name (Full - Last, First, MI):			
Street Address:	City:	State:	Zip:
Mailing Address (if different from above):	City:	State:	Zip:
E-mail Address:		Social Security No.:	
Home Phone:	Business Phone:	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
The Immigration Reform and Control Act of 1986 requires employers to verify an individual's eligibility to work in the U.S. as a condition of employment. Are you Eligible to work in the U.S.? <input type="checkbox"/> Yes - Identify Proof of Eligibility: <input type="checkbox"/> No			

GENERAL INFORMATION

How were you referred to Tektronix? <input type="checkbox"/> Agency/Headhunter <input type="checkbox"/> Job Fair <input type="checkbox"/> Tektronix Web Site <input type="checkbox"/> Monster.com
<input type="checkbox"/> Other Job Board – Name: _____ <input type="checkbox"/> College <input type="checkbox"/> Tektronix Employee - Name: _____
<input type="checkbox"/> Other: _____

EDUCATION INFORMATION

Please list any names you may have attended school under that differ from above:					
High School or GED:	City:	State:	Degree:	Completed ?: Yes or No	Subject:
College:	City:	State:	Degree:	Completed ?: Yes or No	Major:
College:	City:	State:	Degree:	Completed ?: Yes or No	Major:
Graduate School:	City:	State:	Degree:	Completed ?: Yes or No	Major:
Other:	City:	State:	Degree:	Completed ?: Yes or No	Major:

ADDITIONAL COMMENTS List any additional information below (e.g. Affiliations, Licenses, Publications)

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EMPLOYMENT HISTORY List your **last 3 employers** including contract and/or temporary employment below

Please list any names that you may have been employed under that differ from above:				
Have you ever been employed by Tektronix, Danaher, and/or any of their subsidiaries (not including temporary or contract employment) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the company name(s), location(s) and date(s) of employment:				
May we contact your current employer prior to making an offer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Current/Most Recent Employer:		From Mo/Day/Yr:	To Mo/Day/Yr:	Job Title of Most Recent Position:
Street Address:			City:	State:
Zip:	Starting Annual Salary:	Final Annual Salary:	Bonus:	Commission:
Name of Supervisor:		Title or Department of Supervisor:		Phone Number of Company:
Duties:				
Reason for Leaving:				
Name of Previous Employer:		From Mo/Day/Yr:	To Mo/Day/Yr:	Job Title of Most Recent Position:
Street Address:			City:	State:
Zip:	Starting Annual Salary:	Final Annual Salary:	Bonus:	Commission:
Name of Supervisor:		Title or Department of Supervisor:		Phone Number of Company:
Duties:				
Reason for Leaving:				
Name of Previous Employer:		From Mo/Day/Yr:	To Mo/Day/Yr:	Job Title of Most Recent Position:
Street Address:			City:	State:
Zip:	Starting Annual Salary:	Final Annual Salary:	Bonus:	Commission:
Name of Supervisor:		Title or Department of Supervisor:		Phone Number of Company:
Duties:				
Reason for Leaving:				

REFERENCES List Four Professional References Below

Name:	Title:	Company:	Phone:	E-mail:
Name:	Title:	Company:	Phone:	E-mail:
Name:	Title:	Company:	Phone:	E-mail:
Name:	Title:	Company:	Phone:	E-mail:

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

I certify that I have answered truthfully and have not knowingly withheld, misrepresented, or omitted any information relative to my application, resume, or other attached materials. I understand that to do so would result in my being eliminated from further consideration for employment with Tektronix, Inc. I further understand that, if accepted for employment, any misrepresentation or material omission may result in immediate termination of my employment with Tektronix, Inc.

I understand that Tektronix, Inc. and its U.S. Subsidiaries are lawfully required to verify an individual's eligibility to work in the US. As a condition of employment, I understand that I will be required to provide proof of identity and eligibility prior to employment.

I also understand that, as a condition of employment, I will be required to sign an agreement regarding confidential information, patents and inventions. I will be required to take a pre-employment drug-screening test. I understand that Tektronix, Inc. will conduct a background check, which could include a credit report, driver's license verification, and/or criminal background check. Any offer of employment may be conditional upon satisfactory completion of a reference check, security clearance or appropriate export licensing authorization, if applicable. If employed, I may be required to accept a different work assignment, work schedule and/or work location, depending on business conditions.

Any employment is not for a fixed period of time and is terminable at the will of either Tektronix, Inc., or me at any time and for any reason. No contrary representations or promises have been made to me and no subsequent promise or representation shall be binding unless in writing and signed by an officer of Tektronix, Inc.

I authorize Tektronix, Inc., to contact any of my prior employers except: _____ for information about my work and performance and I hereby release Tektronix, Inc. and the prior employers from any and all liability for disclosure of such information.

MASSACHUSETTS ONLY: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

MARYLAND ONLY: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100. I have carefully read the above Maryland Polygraph Statement and understand the statement.

FOR MONTANA APPLICANTS: THE EMPLOYMENT RELATIONSHIP IS GOVERNED BY THE WRONGFUL DISCHARGE FROM EMPLOYMENT ACT. Mont. Code Ann. § 39-2-901.

FOR RHODE ISLAND APPLICANTS: IF YOU PROVIDE FALSE INFORMATION ABOUT YOUR ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB, WITH OR WITHOUT ACCOMMODATIONS, YOU MAY BE BARRED FROM FILING A CLAIM UNDER the provisions of the Workers' Compensation Act of the State of Rhode Island.

Signature:

Date:



Pre-Employment Drug Testing Consent Form

I, the undersigned, understand that it is Tektronix' practice to require that job candidates consent to provide a sample of their urine for analysis and testing by an independent laboratory for the following prohibited drugs and their by-products:
Amphetamines/Methamphetamines, Cocaine, Opiates (Heroin, Morphine, Codeine) Phencyclidine (PCP), Marijuana.

I hereby voluntarily consent to provide a specimen of my urine in order to be tested for the presence of the drugs specified above and authorize the release of the results of these tests to the Medical Review Officer ("MRO") and Tektronix. I hereby release Tektronix, Inc., its officers, employees and agents, as well as the MRO and independent laboratory, from any and all liability and any claims of any nature whatsoever that may arise from or be related to the testing, the disclosure to Tektronix and the MRO, and the use of such tests.

I understand that I will not be eligible for employment by Tektronix for six (6) months from the date of the contingent offer if I refuse to proceed with the testing or I do not pass the drug test.

I understand that I must present myself and provide a specimen at the collection facility designated by Tektronix within 3 business days from the time an offer is extended (verbal or written, whichever comes first). In addition, I understand that if I neglect to do so within the time period specified, any contingent offer of employment made by Tektronix will not be finalized. I also understand that if I neglect to do so within the time period specified, I will not be eligible for any form of employment with Tektronix for a period of six (6) months from the date of the contingent offer.

Applicant Signature: _____ Date: _____

Print Last Name: _____ First: _____ Middle: _____

I refuse to consent to the requested drug test and understand that this refusal is considered voluntary withdrawal of my application for six (6) months from this date.

Applicant Signature: _____ Date: _____

Print Last Name: _____ First: _____ Middle: _____



Non-Disclosure Agreement

During the course of your visit and meeting with Tektronix, it is anticipated that you may acquire knowledge regarding confidential affairs of the company and confidential or proprietary information including: matters of a business nature such as information about costs, profits, pricing policies, markets, sales, suppliers, customers, existing products, new products, plans for future development, plans for future products, marketing plans or strategies and other information of a similar nature, which is not generally disclosed by Tektronix to the public.

Since Tektronix desires to keep this information confidential and to prevent its disclosure to any third party, we ask you to agree (1) that you will keep secret and retain in confidence all such confidential information, (2) that you will not disclose this information to anyone except employees of Tektronix authorized to receive such information and (3) that you will not use any confidential information for any purpose without the written permission of Tektronix. We also ask that you agree to deliver promptly to Tektronix at the conclusion of your visit or these meetings, or at any time that Tektronix may request, all memoranda, notes, records, manuals, drawings or other documents (and all copies thereof) containing confidential or proprietary information relating to Tektronix, except those items specifically approved in writing for your continued retention.

Sincerely,

TEKTRONIX, INC.

I agree to abide by the provisions above and shall make every reasonable effort to preserve the confidentiality of any confidential or proprietary information that is disclosed to me or that I learn during my visit to Tektronix or during any meetings with Tektronix personnel.

Applicant Signature: _____ Date: _____

Print Last Name: _____ First: _____ Middle: _____

Voluntary Self-Identification Form

Tektronix, a wholly-owned subsidiary of Danaher Corporation, is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity, national origin, marital status, age, physical or mental disability (if the individual can perform the essential functions of the position with reasonable accommodation), pregnancy, childbirth or related medical condition, veteran's status, citizenship status, ancestry, or any other protected class status applicable under federal, state or local law, rule, regulation, Executive Order or other applicable legal requirement.

Tektronix will not tolerate sexual harassment or harassment on the basis of any other protected class status in the workplace.

In compliance with federal regulations, Tektronix is required to gather and maintain statistics for use in completing our annual Equal Employment Opportunity report and developing our Affirmative Action Plans. To ensure that our statistics are accurate, we would like you to complete the information below. This information will not be considered in evaluating your qualifications for employment. Please also be assured that this information is voluntary, confidential and will be filed separately from the personnel file.

We appreciate your assistance in providing us with this information.



PLEASE COMPLETE THE FOLLOWING

Name	Date	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
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Please check the **one** designation below that you most closely identify with:

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islanders (not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, southeast Asia, or the Indian Sub-continent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native (not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (not Hispanic or Latino):** All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.