



Date _____

EMPLOYMENT APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. Applicants and employees are considered for positions and are evaluated without regard to mental or physical disability, race, color, religion, gender, national origin, age, genetic information, military or veteran status, sexual orientation, marital status or any other protected Federal, State or Local status unrelated to the performance of the work involved.

Please answer all questions completely. Please do not provide any information not specifically requested on this Employment Application form.

PERSONAL

Last Name			First Name			Middle			
Address (Number & Street, Apartment or Box No.)				City		State/Province		Country	Zip/Postal Code
Home Phone		Work Phone		Cell/Mobile Phone		Other Phone			
E-mail Address									
Desired Type of Employment			Are you eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you age 21 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No		Willing to Relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Available to Start				How did you hear about us? If from current employee, name.					
Have you ever been previously employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, list dates employed: From: To:			Desired Salary			
Do you have any relatives employed by this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No					If yes, give name and title:				
Will you now, or in the future, require sponsorship for employment visa status (e.g. H-1B visa status)? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Have you been convicted of, pleaded guilty or nolo contendere to, or otherwise been found guilty of a felony or other offense? (Do not include convictions that were sealed, erased, statutorily eradicated, or expunged, or convictions that resulted in referral to a diversion program.) <input type="checkbox"/> Yes <input type="checkbox"/> No									
If Yes, Please Explain. (Note: We follow EEOC and state policies when considering conviction history. Your conviction history will not necessarily disqualify you from consideration for this position.)									

LIST THE HIGHEST LEVEL OF EDUCATION COMPLETED. IF CURRENTLY ENROLLED IN AN EDUCATIONAL PROGRAM, LIST THAT IN THE SECOND BOX.

Highest Level of Education Completed	School/Institution (City, State/Province, Country)	Major/Area of Study
<input type="checkbox"/> Doctoral Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> High School/GED		
Currently Enrolled	School/Institution (City, State/Province, Country)	Major/Area of Study
<input type="checkbox"/> Doctoral Program <input type="checkbox"/> Master's Program <input type="checkbox"/> Bachelor's Program		

List any professional licenses or certifications:

Type of License/Certification held:	License or Certification Number:	Expiration Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____

What languages do you speak and write fluently?

List any skills and abilities which you feel particularly qualify you for this position:

WORK EXPERIENCE

Begin with present or most recent employer and list prior employers

May we contact your present employer? Yes No

1. Name of Employer	Address	City	State/Province	Country	Zip Code
Dates Employed From: To:	Salary Start: End:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		Your Job Title	
Phone	Supervisor's Name		Supervisor's Title		
Describe Major Duties			Reason For Leaving		

2. Name of Employer		Address		City	State/Province	Country	Zip Code
Dates Employed From: To:		Salary Start: End:		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		Your Job Title	
Phone			Supervisor's Name			Supervisor's Title	
Describe Major Duties				Reason For Leaving			
3. Name of Employer		Address		City	State/Province	Country	Zip Code
Dates Employed From: To:		Salary Start: End:		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		Your Job Title	
Phone			Supervisor's Name			Supervisor's Title	
Describe Major Duties				Reason For Leaving			
4. Name of Employer		Address		City	State/Province	Country	Zip Code
Dates Employed From: To:		Salary Start: End:		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		Your Job Title	
Phone			Supervisor's Name			Supervisor's Title	
Describe Major Duties				Reason For Leaving			

SUMMARY

In a brief statement, in your own words, please describe why you are an ideal candidate for this position.

MILITARY SERVICE

Branch	Start Date	End Date	Highest Rank Attained	Duties

PROFESSIONAL REFERENCES (One must be a supervisor)

Name	Current Company	Relationship	Phone	E-mail

PRE-EMPLOYMENT STATEMENT (Please read before signing)

I understand that the organization will rely, in part, on the information I provide in this Employment Application in considering whether to hire me. I understand that it is important that I provide complete and accurate information and certify that I have done so. If the organization discovers at any time that I failed to completely and honestly provide any information requested of me in this Employment Application or during the interview process, I understand that my application will no longer be considered or, if I am working for the organization, that I will be subject to disciplinary action, up to and including termination of employment.

The organization is committed to compliance with the provisions of this nation's immigration laws regarding verification of employment eligibility. Any offer of employment will be contingent upon your ability to provide legally sufficient documentation showing your eligibility to be employed by this organization. Applicants or employees that present fraudulent documents for employment verification purposes will be terminated.

I authorize the organization to contact anyone that it deems appropriate to verify the information I have provided or to further investigate my background, past performance and suitability for employment. I consent to being discussed by any person contacted by the organization and waive all rights to bring any action for defamation, invasion of privacy or any similar claim against anyone that provides information to the organization with a good faith belief that the information provided is true. I understand that the organization may choose to obtain background information about me from a consumer reporting agency. Before requesting a report from a consumer reporting agency, the organization will ask for my authorization. I understand that if I refuse to provide such authorization, my application for employment will not be considered.

I agree at all times during the term of my employment and thereafter to hold in strictest confidence, and not to use, except for the benefit of the Company, or to disclose to any person, firm or corporation without written authorization of the Board of Directors of the Company, any trade secrets, confidential knowledge, data or other proprietary information relating to products, processes, know-how, designs, formulas, developmental or experimental work, computer programs, data bases, other original works of authorship, customer lists, business plans, financial information or other subject matter pertaining to any business of the Company or any of its clients, consultants or licensees.

I understand that this Employment Application is not an offer of employment. I understand that nothing contained in this Employment Application creates a contract between the organization and me for employment or any other benefit. No promises regarding employment have been made and I understand that no such promise or guarantee is binding upon the organization.

I understand that if I am hired, I will be an employee "at will," meaning I am not hired for any definite length of time and either I or the organization can terminate my employment at any time for any or no reason.

If employed, I understand and agree that the organization retains the sole right in its business judgment to modify, suspend, interpret, or cancel, in whole or in part, at any time, with or without any notice, any published or unpublished policy, practice, procedure, process, or benefit.

If employed, I understand that I may be required to comply with Federal, State/Province, or Local Data Privacy and other applicable regulations. I understand and agree to comply with such laws.

If employed, I understand that as a condition of employment that I may be required to agree to and sign the organization's confidentiality, non-compete, and/or other similar agreements. I also agree to notify the organization during the pre-employment process of any confidentiality, non-compete, and/or other similar agreements that I may have already signed with current and/or former employers, or other potential conflict.

I understand that the technical processing and transmission of the application, including my personal information, may involve (a) transmissions over various networks, including the transfer of this information to the United States and/or other countries for storage, processing and use by , its affiliates, and their agents; and (b) changes to conform and adapt to technical requirements of connecting networks or devices. Accordingly, I agree to permit such parties to make such transmissions and changes, and hereby provide the necessary consent for the same.

Signature of Applicant

Date