APPLICATION FOR EMPLOYMENT

Please Print Clearly

The Company promotes and affords equal treatment and service to all employees and assures that all employees and applications for employment are given an equal employment opportunity without regard to race, religion, color, national origin, age, sex, height, weight, marital status, or the presence of any sensory, mental or physical disability unless such disability effectively prevents the performance of the essential functions and duties required of the position and cannot be reasonably accomodated without undue hardship to the Company. The Company shall operate within the principles of "Equal Opportunity" guidelines set forth in Federal, State and local laws and regulations. All activities relating to employment including recruitment, testing, selection, promotion, training and termination shall be conducted in a nondiscriminatory manner. The Company will cooperate fully with all organizations and commissions that are established and organized to promote Equal Employment Opportunity.

What is the employee's first check date?			\$ Primary pay rate or salary		Annual Salary Commission Other
M M D D Y Y Employee works □ Full-time □ Part-time Authorizing Signature					
EMPLOYEE PORTION I.	GENERAL INFO	RMATIOI	N	Da	ate:
ast Name	Name First Name				Middle Initia
Address				_	Apt.#
City	State			ZIP Code	
lome Telephone (with area code)		E-n	nail Address		
Driver's Licence Number State			te of Expiration		
Previous Address City	State	710	Code		Dates of Residence
•					
lave you ever been employed by this Company befoure you able to perform all of the essential functions		-			
ccommodation?	and duties requir	ed of the p	oosilion for which you are a	арргу	ing, with or without reasonab
no, how would you perform these essential function	ns and duties, and	with what a	accommodation(s)?		
under age 18, please state your age					
the case of an emergency, please contact: Nam	ne		Rela	tions	ship
tinder age 18, please state your age the case of an emergency, please contact: Name Daytime Telephone Ever					

II FMPI OYMENT HISTORY

II. EMPLOYMENT HISTORY								
Start with present employer and list ALL previous employment. Use additional sheet if necessary.								
DATES (Month & Year)	EMPLOYER'S NAME, ADDRESS AND PHONE NUMBER		SUPER	RVISOR'S NAME & TITLE	POSITIONS	SALARY (Beginning & Ending)		
From To								
Reason for Leaving:	Resigned Discharged Laid Off Other (explain on separate sheet of paper)							
From To								
Reason for Leaving:	Resigned	Discharged	Laid Off	Other (explain on sepa	rate sheet of paper)	•		
From To								
Reason for Leaving: Resigned Discharged Laid Off Other (explain on separate sheet of paper)								
Please indicate which employer(s) you have listed that you do not wish us to contact								
High School Attended: Grade of completion:								
	Name	Addres	SS	_				

Name

College or Trade School Attended:

Address IV. AUTHORIZATION AND UNDERSTANDING

Degree or Diploma?

Yes

No

PLEASE BE SURE TO SIGN THIS APPLICATION AND READ THE FOLLOWING STATEMENTS CAREFULLY

- A. Authorization: My answers are complete and true to the best of my knowledge and belief. I acknowledge that any false statement or omission in answering the above questions may result in the rejection of my application or can result in immediate discharge and/or the termination of employment. I hereby release the Company, previous employer, references and all persons contacted from any and all damages incurred while verifying the accuracy of the information provided. In consideration of my employment I agree to abide by all Company rules and regulations. I acknowledge that, if employed, unless my employment becomes subject to a collective bargaining agreement, my employment and compensation will be at the will of the Company and can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I further agree that only the Company President, has now or has had in the past any authority to enter into any agreement for employment for a specified period of time or to make any agreement which is contrary to, or a modification of, the employment at-will relationship, and that such agreement or representation must be in writing and signed by both myself and the President of the Company in order to be in effect.
- **B.** Workers' Compensation Claims: I shall report all work-related injuries and/or illnesses I receive while on or related to a work assignment, to the Company. I understand that all processing of such claims will be done and that compensation due to me shall be paid by the Company's workers' compensation insurance carrier. I will hold harmless any client of the Company from any claim. I voluntarily acknowledge that my exclusive remedy will be under the Company's workers' compensation policy.
- **C. Trade Secrets:** The term "Confidential Information" means all information belonging to or used by the Company or its clients related to internal operations, procedures and policies, business strategies, pricing, billing information, personnel information, customer contacts, sales information, employee lists, technology, software source codes, programs, costs, marketing plans, development plans, computer programs and systems, security systems, and all other plans, proprietary information and trade secrets of every kind and character. Confidential information is the exclusive property of the Company and/or its clients. By virtue of being employed by the Company, certain confidential information has been or will be disclosed to me. These disclosures are made solely to assist me in the performance of my responsibilities. My right to use confidential information, and the extent thereof, is at the Company's sole discretion and such rights shall expire immediately upon the termination of my employment. I shall not, either during or after my employment with the Company, disclose any confidential information for any reason or purpose contrary to the interest of the Company or the client to which I am assigned. Upon termination of employment, I shall immediately return all property in my possession relating to the Company or the client's business.
- **D. Drug Testing and Physical Examinations:** It is our policy to maintain a work place that is free from the effects of both legal and illegal drug and/or alcohol abuse. We may conduct drug testing of job applicants and employees. Should you be offered a position for employment by us, you may be contacted regarding a drug test. Refusal to take, altering the results of or failing the drug test will disqualify you from consideration or continuation of employment. I also acknowledge that if hired I may be required to submit to medical/physical examinations at the employer's discretion and expense.
- E. Arbitration and Enforcement: It is agreed that arbitration shall be the sole mechanism for bringing a legal claim against the Company for matters relating to employment discrimination. Arbitration must be commensed within one (1) year of the date the claim arises and that judgment for an award may be entered by any court of competent juristiction. If any portion of the agreement is determined to be unenforceable or invalid, this agreement shall remain in full effect to the fullest extent allowable by law.

full effect to the fullest extent allowable by law.	ned to be unenforceable or invalid, this agreement shall remain in
I have read each section of the agreement and I accept the terms and conditions de	escribed.
Applicant's Signature	Date of Signature