



# EMPLOYMENT APPLICATION FORM

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE - APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1 - 4.  
PAGE 5 IS FOR POST-HIRE

Position Applied For:

Date:

Last Name	First Name	M. I.	Maiden Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If Under 18, Please Enter D.O.B.	Gender	Social Security #	Home Phone /	Other Phone	Salary Desired
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

When Available for Work	How Many Hours Can You Work Weekly?	Can You Work Nights / Weekends?
<input type="text"/>	<input type="text"/>	<input type="text"/>

Days You Can Work   No Pref.    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

Type of Employment Sought	Are You a United States Citizen?	Are You Employable under U.S. Laws?
<input type="text"/>	<input type="text"/>	<input type="text"/>

Yes    No   Have you ever been convicted of a crime ?

If yes, explain number of conviction(s), nature of offense(s) how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Driver's License ?	Driver's License Number	Class or Type of Driver's License	State of Issue	Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Any Accidents in the past 3 years? Enter the number    Any Moving Violations in the past 3 years? Enter the number

### Education & Other Information

High School	Location (Complete Address)	Years / Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>
College / University	Location (Complete Address)	Years / Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>
Business / Trade School	Location (Complete Address)	Years / Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional School	Location (Complete Address)	Years / Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Military

Armed Forces	Active	Rank	Specialty	Date Entered	Discharge Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
National Guard	Active	Rank	Specialty	Date Entered	Discharge Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



<b>Work Experience</b>	Please list your work experience for the <b>past three jobs</b> beginning with your most recent job held. If you were self-employed, give firm name.
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Name of Employer <input type="text"/>	Name of last Supervisor <input type="text"/>	Start Date <input type="text"/>	End Date <input type="text"/>	
Address <input type="text"/>	Street <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
Phone Number (Contact Name optional) <input type="text"/>	Your Last Job Title <input type="text"/>	Start Salary <input type="text"/>	Final Salary <input type="text"/>	

**Reason for Leaving** (be specific) also  
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of Employer <input type="text"/>	Name of last Supervisor <input type="text"/>	Start Date <input type="text"/>	End Date <input type="text"/>	
Address <input type="text"/>	Street <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
Phone Number (Contact Name optional) <input type="text"/>	Your Last Job Title <input type="text"/>	Start Salary <input type="text"/>	Final Salary <input type="text"/>	

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Name of Employer <input type="text"/>	Name of last Supervisor <input type="text"/>	Start Date <input type="text"/>	End Date <input type="text"/>	
Address <input type="text"/>	Street <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
Phone Number (Contact Name optional) <input type="text"/>	Your Last Job Title <input type="text"/>	Start Salary <input type="text"/>	Final Salary <input type="text"/>	

**Reason for Leaving** (be specific) also  
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.



**REFERENCES** Please list two references other than relatives or previous employers.

Name	Company	Position		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Address	Street	City	State	Zip Code
<input type="text"/>				
Phone Number	Relevancy (Friend, Neighbor etc. or explanation)			
<input type="text"/>	<input type="text"/>			

Name	Company	Position		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Address	Street	City	State	Zip Code
<input type="text"/>				
Phone Number	Relevancy (Friend, Neighbor etc. or explanation)			
<input type="text"/>	<input type="text"/>			

**Clerical and Other Skills**

- Typing       10 - Key       Computer PC       Computer Mac       Quickbooks       Access  
 Excel       Word       Power Point       Outlook       Publisher       CAD

Other Skills (Please List)

May we contact your present Employer ?     Yes     No

If Yes: Contact Information

Did you complete this application yourself ?     Yes     No

If No: Who did ? Assistants Information

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to describe your full qualifications for the specific position for which you are applying.



PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Marktronix Corporation (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Marktronix Corporation, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Marktronix Corporation may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant \_\_\_\_\_ Date:   
Sign then print name.

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.



**Post Employment Information Form**

To Be Completed After Employee Has Been Hired

Last Name	First Name	M. I.	Maiden Name			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Address	City	State	Zip Code			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Marital Status	Gender	Social Security #	Height	Weight	DOB	Home Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name of Spouse	Spouse Occupation	Name of Company	Company Phone			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

**Emergency Contact Information**

Full Name	Contact Phone Numbers
<input type="text"/>	<input type="text"/>
Address	Relationship
<input type="text"/>	<input type="text"/>

**For Insurance Purposes Only: List All Dependents**

Full Name	Relationship	DOB	Social Security #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name	Relationship	DOB	Social Security #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name	Relationship	DOB	Social Security #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name	Relationship	DOB	Social Security #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name	Relationship	DOB	Social Security #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**To Be Completed By Employer**

Date of Employment	Job Title	Type of Employment Sought	Rate of Pay	Department
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Location	Person Authorizing Employment	Drug Test Confirmation #	Person Verifying Drug Test Information	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Applicant's signature acknowledging above information \_\_\_\_\_ Date