

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Name	Phone	Emai	1		Date					
Street Number	Apt.#	City		State	Zip					
Have you ever worked/applied here before	?Yes No	If yes, month/year_	/	Are you at least 1	8?					
Position Desired		_Expected Pay Rat	e \$							
When will you be available to begin work?			_ Are you a	vailable to work overt	ime? Yes No					
If hired, can you present evidence of U.S. citizenship or your legal right to live and work in this country?										
How were you referred to us?	Do	you know any curr	ent employee	es? (List names)						
Have you been convicted of a Felony in the past 7 years? If yes, please explain. (Conviction will not necessarily disqualify applicant from employment.)										
EDUCATION										
High School/Location		Graduate? Yes	No							
College Attended, if any		Location	·····							
Graduate? Yes No Subject Studied	1]	Degree/Certif	icate Earned						
Date of Completion (if applicable)										
EMPLOYMENT <i>Please give accurate, com</i>	mplete, emp	loyment records. Ste	art with prese	ent or most recent emp	loyer.					
1 Company Name:		Telephone (
Address:										
Employed (month and year) From	_То	Pay: Start	End							
Name of Supervisor										
Job Title:		Reason For	Leaving							
Duties:										
2 Company Name:		Telephone (
Address:										
Employed (month and year) From	То	Pay: Start	End							
Name of Supervisor										

Job Title:	Reason For Leaving								
Duties:									
3 Company Name:	Telephone ()								
Address:									
Employed (month and year) From	To	Pay: Start	End						
Name of Supervisor			<u></u>						
Job Title:	Reason For Leaving								
Duties:									
4 Company Name:		Telephone (_)						
Address:									
Employed (month and year) From	To	Pay: Start	End						
Name of Supervisor			<u> </u>						
Job Title:	Reason For Leaving								
Duties:									
REFERENCES (other than family m	embers or pr	evious employers)						
1									
1. Name	Email			Phone		Years Known			
2.									
Name	Email			Phone		Years Known			
3									
Name	Email			Phone		Years Known			

By signing my name below, I certify that the answers given in this application for employment are true and correct to the best of my knowledge. I authorize such inquiry into the statements made in this application as may be necessary in reaching an employment decision. I understand that any false or misleading information given in this application or during a pre-employment interview, including a failure to disclose requested information may result in my discharge.

I understand that I will be required to pass a physical examination, including a drug test, before a final offer of employment is made. By signing my name below, I consent to these procedures.

I understand that any employment relationship with this employer is "at will," which means that the employee may resign at any time, and the employer may discharge the employee at any time, with or without cause. I also understand that this at-will employment relationship may not be changed by any written document or by any behavior, unless the change is specifically acknowledged in writing by the President of Cemen Tech, Inc.

Signed