

Application for Employment

Datamaxx Group

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

Last Name: _____ First: _____ Middle: _____ Applicant ID # _____
 Street: _____ City: _____ State: _____ ZIP Code: _____
 Telephone # (____) _____ Cellular/Other Phone # (____) _____ E-mail Address: _____
 Position(s) applied for: _____ Date of application: ____/____/____

Referral Source (Please check the appropriate category and list the source.)

- Walk-in _____
- Employee _____
- Advertisement _____
- Company's Website _____
- Other Internet _____
- School _____
- Job Fair _____
- Staffing Agency _____
- Government Employment Agency _____
- Other _____

If necessary, best time to call you is.....: _____
 Home Cellular/Other AM PM
 May we contact you at work?..... Yes No
 If **yes**, work number and best time to call:
 (____) _____ : _____ AM PM

If you are under 18 and it is required,
 can you furnish a work permit?..... Yes No
 If **no**, please explain: _____

Have you submitted an application here before? Yes No
 If **yes**, give date(s) and position(s): _____

Have you ever been employed here before?..... Yes No
 If **yes**, give date(s):
 From: ____/____/____ To: ____/____/____
 Is this application a request for reemployment
 following an extended military leave of absence
 from this company? Yes No

Are you legally eligible for employment
 in this country? Yes No

Date available for work?..... ____/____/____

What is your desired salary range or hourly rate of pay?
 \$ _____ Per _____

Type of employment desired: Full-Time Part-Time
 Educational Co-Op Seasonal Temporary

Will you relocate if job requires it?..... Yes No

Will you travel if job requires it?..... Yes No

If they have been explained to you, are you able to meet the
 attendance requirements of the position? N/A Yes No

Will you work overtime if required? Yes No
 If **no**, please explain: _____

Are you able to perform the "essential functions" of the job for which you
 are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's
 "essential functions" to respond

Driver's license number required if driving may be required in the job for
 which you are applying:
 _____ State: _____

Have you ever been bonded? Yes No

Answering "yes" to either of the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to
 or been convicted of a crime? Yes No
 If **yes**, please provide date(s) and details:

Have you ever been a defendant in a civil action for an intentional tort
 (e.g., a civil charge for assault, battery, intentional infliction of emotional
 distress, false imprisonment, wrongful death, etc.) ? Yes No
 If **yes**, please provide nature of the tort and disposition of the matter
 (how it was resolved).

Have you ever entered into an agreement with any former employer or other
 party (such as a noncompetition agreement) that might, in any way, restrict
 your ability to work for our company?
 If **yes**, please explain: _____

Employment History

Starting with your most recent employer, provide the following information.

Employer: _____	Telephone # (____) _____	Month Year Dates Employed: ____/____ to ____/____
Street Address: _____	City: _____ State: _____	Compensation (Starting)
Starting job title/final job title _____/_____	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ ____ Per ____ Combined/Bonus/Other Compensation \$ ____
Position(s) applied for: _____	E-mail Address: _____	Compensation (Final)
Immediate Supervisor and title (for most recent position held) _____	Why did you leave? _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ ____ Per ____ Combined/Bonus/Other Compensation \$ ____
Summarize the type of work performed and job responsibilities. _____		
What did you like most about your position? _____		
What were the things you liked least about the position? _____		

Employer: _____	Telephone # (____) _____	Month Year Dates Employed: ____/____ to ____/____
Street Address: _____	City: _____ State: _____	Compensation (Starting)
Starting job title/final job title _____/_____	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ ____ Per ____ Combined/Bonus/Other Compensation \$ ____
Position(s) applied for: _____	E-mail Address: _____	Compensation (Final)
Immediate Supervisor and title (for most recent position held) _____	Why did you leave? _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ ____ Per ____ Combined/Bonus/Other Compensation \$ ____
Summarize the type of work performed and job responsibilities. _____		
What did you like most about your position? _____		
What were the things you liked least about the position? _____		

Employer: _____	Telephone # (____) _____	Month Year Dates Employed: ____/____ to ____/____
Street Address: _____	City: _____ State: _____	Compensation (Starting)
Starting job title/final job title _____/_____	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ ____ Per ____ Combined/Bonus/Other Compensation \$ ____
Position(s) applied for: _____	E-mail Address: _____	Compensation (Final)
Immediate Supervisor and title (for most recent position held) _____	Why did you leave? _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ ____ Per ____ Combined/Bonus/Other Compensation \$ ____
Summarize the type of work performed and job responsibilities. _____		
What did you like most about your position? _____		
What were the things you liked least about the position? _____		

Employer: _____	Telephone # (____) _____	Month Year Dates Employed: ____/____ to ____/____
Street Address: _____	City: _____ State: _____	Compensation (Starting)
Starting job title/final job title _____/_____	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ ____ Per ____ Combined/Bonus/Other Compensation \$ ____
Position(s) applied for: _____	E-mail Address: _____	Compensation (Final)
Immediate Supervisor and title (for most recent position held) _____	Why did you leave? _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ ____ Per ____ Combined/Bonus/Other Compensation \$ ____
Summarize the type of work performed and job responsibilities. _____		
What did you like most about your position? _____		
What were the things you liked least about the position? _____		

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No
 If yes, please explain:

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying: _____

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing _____	Years: _____	<input type="checkbox"/> Internet _____	Years: _____
<input type="checkbox"/> Spreadsheet _____	Years: _____	<input type="checkbox"/> Other _____	Years: _____
<input type="checkbox"/> Presentation _____	Years: _____	<input type="checkbox"/> Other _____	Years: _____
<input type="checkbox"/> E-mail _____	Years: _____	<input type="checkbox"/> Other _____	Years: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (Include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		

References

List names and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			()		
			()		
			()		
			()		

Social Security Number

SS# _____ - _____ - _____

We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

Organization	Office Held

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If yes, please explain: _____

Is there any other job-related information you want us to know about you?

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and accurate.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I understand that if I am hired, my employment will be subject to a probationary period, which ordinarily will not exceed 90 days from the date I am hired. If I am discharged at any time during the probationary period for unsatisfactory performance, I understand that this employer will not be charged for any unemployment benefits that may be paid to me for work I performed during the probationary period.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete and I-9 Form to this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____ / ____ / ____

Datamaxx Group

EEO Survey

(To be removed prior to review of the application)

We consider applicants for all positions without regard to race, color, sex, national origin, age, disability, veteran status or any other legally protected class. The information requested on this form is collected by the company to comply with Affirmative Action/Equal Opportunity and other federal laws and regulations. This information is considered confidential and will not be a part of your official application for employment.

Position title for which you are applying: _____

SEX: Male Female

DATE OF BIRTH: _____

RACE (Check only one):

- | | |
|---|---|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> White (Not Hispanic or Latino) |
| <input type="checkbox"/> Black or African American (Not Hispanic or Latino) | <input type="checkbox"/> Asian (Not Hispanic or Latino) |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) | <input type="checkbox"/> Two or More Races (Not Hispanic or Latino) |
| <input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino) | |

You are invited to identify yourself as a disabled veteran, veteran of the Vietnam Era, or disabled individual. This information is voluntary and will be kept confidential. Refusal to provide it will not subject you to any adverse treatment. The information will be used for affirmative action purposes. It is not used or considered in the selection process and is filled separately from the application.

To qualify as Disabled Veteran, you must be:

A Veteran entitled to compensation for disability rated at 30% or more, or a person who is discharged or released from active duty because of a service connected disability.

To qualify as Veteran of the Vietnam Era, you must be:

A Veteran who served on active duty for more than 180 days (any part of which occurred during the Vietnam Era), and who was discharged with other than a dishonorable discharge or with a service connected disability.

To qualify as a Newly Separated Veteran, you must be:

A Veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty.

To qualify as Other Protected Veteran, you must be:

A Veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

The Vietnam Era is defined by Federal Regulations as August 5, 1964 to May 7, 1975.

If you do qualify, which applies to you?

- | | |
|--|--|
| <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> Vietnam Era Veteran |
| <input type="checkbox"/> Newly Separated Veteran | <input type="checkbox"/> Other Protected Veteran |

To qualify as a Disabled individual, you must:

1. Have a physical or mental impairment which substantially limits one or more life activities (including employment).
2. Have a record of such impairment.
3. Be regarded as having such impairment.

Do you qualify as such an individual? Yes No

***This information is for compliance reporting only.
It will be removed from your application prior to review.
It is not considered in the employment process.***

Datamaxx Group

Criminal History Background Check

I have applied for employment with Datamaxx Applied Technologies, Inc. ("DATAMAXX").

I have been advised that persons who have any criminal convictions are not eligible for employment with DATAMAXX. I understand that before any offer of employment is made by DATAMAXX, I must submit to a criminal history back check. I understand that the criminal history background check will be conducted by a government agency which is authorized by law to do so. I understand that the criminal history background check may not be limited to the jurisdiction of a particular state. I understand that DATAMAXX will cooperate fully with the agency performing the criminal history background check should the results indicate an active want or warrant. I understand that the vital information which I will provide is not used for any employment purposes other than the aforementioned criminal history background check and hereby waive any claims which I may have regarding the confidentiality of such information. Based on the foregoing statements, I hereby request DATAMAXX proceed with a criminal history background check on my behalf.

LEGAL NAME: _____
(Print)

DATE OF BIRTH: _____

RACE: _____

SEX: _____

SOCIAL SECURITY #: _____

DRIVER LICENSE: State _____

Number _____

ADDRESS: Street _____

City _____ State _____

Zip _____

By affixing my signature below, I certify that all of the information contained in this document is true and that any corrections above this point have been made by myself and bear my initials.

Signed: _____

Date: _____