



Employment Application Form

DATE _____

Name _____

Present address _____

E-mail address _____ Social Security No _____

Position applying _____ Cell number _____

Salary desired _____
(Be specific)

When can you start? _____

| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|------------------------|----------------|----------|---------------------------|----------------|
| High School | | | | |
| College | | | | |
| Trade/Technical School | | | | |

Please list two references other than relatives or previous employers.

Name _____

Name _____

Relationship _____

Relationship _____

Company _____

Company _____

Address _____

Address _____

Telephone, _____

Telephone .., _____

DO YOU HAVE A DRIVER'S LICENSE? __ Yes __ No

What is your means of transportation to work? _____

Driver's license number _____

State of issue _____

Endorsements/Restrictions _____

Expiration date __ __

EMPLOYMENT APPLICATION FORM

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

| | | |
|--|------------------|---------------|
| 1) Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____ | Employment dates | Pay or salary |
| | From _____ | _____ |
| | To _____ | _____ |
| Position _____ | | |
| Reason for leaving (be specific) _____ | | |

| | | |
|--|------------------|---------------|
| 2) Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____ | Employment dates | Pay or salary |
| | From _____ | _____ |
| | To _____ | _____ |
| Position _____ | | |
| Reason for leaving (be specific) _____ | | |

| | | |
|--|------------------|---------------|
| 3) Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____ | Employment dates | Pay or salary |
| | From _____ | _____ |
| | To _____ | _____ |
| Position _____ | | |
| Reason for leaving (be specific) _____ | | |

May we contact your present employer? Yes No

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by 7 Systems, LLC (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 7 Systems, LLC 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 an officer of the Company. Both the undersigned and 7 Systems, LLC 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 contact.

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.

Signature of applicant. _____ Date: _____

This Company is an equal employment opportunity employer. Thank you for completing this application form and for your interest in our business.