

Application for Employment

PLEASE PRINT OR TYPE

| | | | | | | | |
|---|---|-------------|----------|--|------------------------|-------------------|-------------------|
| P E R S O N A L | LAST NAME FIRST M.I. | | | DATE | | | |
| | STREET ADDRESS | | | HOME TELEPHONE | | | |
| | CITY, STATE, ZIP | | | BUSINESS TELEPHONE | | | |
| | HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? ___ YES ___ NO IF YES, MONTH & YEAR _____ LOCATION _____ | | | SOCIAL SECURITY # | | | |
| | POSITION DESIRED | | | PAY EXPECTED | | | |
| | ARE YOU AVAILABLE FOR FULL-TIME WORK? ___ YES ___ NO IF NOT, WHAT HOURS CAN YOU WORK? _____ | | | WHEN WILL YOU BE ABLE TO START | | | |
| | SOME POSITIONS WITH VIRTEXCO REQUIRE THAT YOU HAVE A VALID DRIVER'S LICENSE. DO YOU HAVE A VALID DRIVER'S LICENSE AND RECORD? ___ YES ___ NO IF THE ANSWER IS NO, PLEASE EXPLAIN. | | | ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? ___ YES ___ NO | | | |
| E D U C A T I O N | SCHOOL | | LOCATION | COURSE OF STUDY | NO. OF YEARS COMPLETED | DID YOU GRADUATE? | DEGREE OR DIPLOMA |
| | HIGH SCHOOL | | | | | ___ YES ___ NO | |
| | COLLEGE | | | | | ___ YES ___ NO | |
| | GRADUATE | | | | | ___ YES ___ NO | |
| | BUSINESS/TRADE/TECHNICAL | | | | | ___ YES ___ NO | |
| OTHER SPECIAL TRAINING OR SKILLS, LANGUAGES, MACHINE OPERATION, ETC) | | | | | | | |
| POINT OF CONTACT IN THE EVENT OF AN EMERGENCY | | | | | | | |
| NAME _____ | | PHONE _____ | | RELATIONSHIP: _____ | | | |
| ADDRESS _____ | | | | | | | |
| | | STREET | | CITY | | STATE | |
| MILITARY | | | | | | | |
| DID YOU SERVE IN THE U.S. ARMED FORCES? ___ YES ___ NO IF YES, WHAT BRANCH? | | | | | | | |
| DESCRIBE ANY TRAINING RECEIVED RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING. | | | | | | | |

EMPLOYMENT HISTORY

**START WITH YOUR PRESENT
OR MOST RECENT EMPLOYER**

| | | |
|----------|--|---|
| 1 | COMPANY NAME | TELEPHONE |
| | STREET ADDRESS | EMPLOYED (MONTH AND YEAR) FROM TO |
| | NAME OF SUPERVISOR | WEEKLY GROSS PAY START LAST |
| | STATE JOB TITLE AND DESCRIBE YOUR WORK | REASON FOR LEAVING |
| 2 | COMPANY NAME | TELEPHONE |
| | STREET ADDRESS | EMPLOYED (MONTH AND YEAR) FROM TO |
| | NAME OF SUPERVISOR | WEEKLY GROSS PAY START LAST |
| | STATE JOB TITLE AND DESCRIBE YOUR WORK | REASON FOR LEAVING |
| 3 | COMPANY NAME | TELEPHONE |
| | STREET ADDRESS | EMPLOYED (MONTH AND YEAR) FROM TO |
| | NAME OF SUPERVISOR | WEEKLY GROSS PAY START LAST |
| | STATE JOB TITLE AND DESCRIBE YOUR WORK | REASON FOR LEAVING |
| 4 | COMPANY NAME | TELEPHONE |
| | STREET ADDRESS | EMPLOYED (MONTH AND YEAR) FROM TO |
| | NAME OF SUPERVISOR | WEEKLY GROSS PAY START LAST |
| | STATE JOB TITLE AND DESCRIBE YOUR WORK | REASON FOR LEAVING |

REFERENCES (Professional NOT Personal)

| | | | |
|----------|------|---------|--------------|
| 1 | | | |
| | NAME | ADDRESS | PHONE NUMBER |
| 2 | | | |
| | NAME | ADDRESS | PHONE NUMBER |
| 3 | | | |
| | NAME | ADDRESS | PHONE NUMBER |

WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT.

DO NOT CONTACT:

| | |
|----------|--------|
| EMPLOYER | REASON |
|----------|--------|

Voluntary Affirmative Action / EEO Information

Completion of Information is Voluntary
NOT FOR INTERVIEW PURPOSES

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, material or veteran status, the presence of a non job related medical condition, or handicap.

Date _____

Position Applied For: _____

Referral Source: _____

Applicant's Name: _____

Last

First

MI

Address: _____

Street

City

State

Zip

Phone Number: _____

Area Code

Phone

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations associated with Affirmative Action and Equal Employment Opportunity, we ask that you complete this survey data. Your cooperation will be appreciated.

Please be advised this survey is not part of your application for employment. It is considered confidential information that will not be used in any hiring decisions.

Check one:

Male___ Female___

Check one of the following ethnic groups:

Hispanic___ Black___ White___ American Indian/Alaska Native___ Asian/Pacific Islander___

We ask that you provide the following information, if you qualify, to assist in proper placement and in determining reasonable accommodations in accordance with the Vietnam Era Veterans Readjustment Act of 1974, the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. This information is considered confidential and refusal to provide this information will not adversely affect your consideration for employment.

Please check if any of the following are applicable:

Vietnam Era Veteran___ Disabled Veteran___ Handicapped Individual___

NOTICE

All applicants may be required to submit to pre-employment drug and/or alcohol screening. Failure to submit to and/or authorize such pre-employment testing may result in the applicant not being hired. Likewise, a positive test result on any drug or alcohol test administered may result in an applicant not being hired or, if the applicant already has been hired, may result in termination of the individual's employment with VIRTEXCO Corporation.

I hereby certify that all information contained in this application is complete and accurate to the best of my knowledge. I understand that any misrepresentation or omission of any facts set forth in my application may result in me not being hired or may lead to my dismissal from employment, if hired, whenever any misrepresentation or omission is discovered by VIRTEXCO. I authorize an investigation of all information contained in this application for employment, and I specifically release from all liability all persons, companies, or other third parties who may be contacted to verify or supplement any information I have provided to VIRTEXCO in this employment application.

I understand that nothing in VIRTEXCO'S application process is intended to create an employment contract, and that no promises regarding employment have been made to me. I understand that if I am employed by VIRTEXCO, it will be for no specific period of time and that such employment may be terminated at any time without notice, for any reason or for no reason or cause. I understand that no VIRTEXCO supervisor or other management employee has the authority to alter this at-will relationship unless stated in a specific writing signed by me and an officer of VIRTEXCO.

SIGNATURE: _____

DATE: _____

PRINT NAME: _____