

EMPLOYMENT APPLICATION FORM

PLEASE PRINT ALL INFORMATION  
REQUESTED EXCEPT SIGNATURE



APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present Address \_\_\_\_\_  
Street City State Zip

How Long \_\_\_\_\_ Social Security number \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for \_\_\_\_\_

and salary required \_\_\_\_\_  
 (Be Specific)

Days/Hours available to work:  
 No Pref. \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tues \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment Desired:  Full -Time Only  Part-Time Only  Full- or Part-Time

When available for work? \_\_\_\_\_

| Type of School           | Name Of School | Location<br><small>(Complete Mailing Address)</small> | Number of Years Completed | Major and Degree |
|--------------------------|----------------|---|---------------------------|------------------|
| High School              |                |   |                           |                  |
| College                  |                |   |                           |                  |
| Business or Trade School |                |   |                           |                  |
| Professional School      |                |   |                           |                  |

Have you ever been convicted of a crime?  No  Yes

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

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|---|--------------------|----------------------|--|
| <b>MILITARY</b>                                   |                    |                      |  |
| Have you ever been in the Armed Forces? _____     |                    |                      |  |
| Are you now a member of the National Guard? _____ |                    |                      |  |
| Specialty _____                                   | Date Entered _____ | Discharge Date _____ |  |

**WORK EXPERIENCE** Please list your work experience for the last five years beginning with your most recent job held. If you were self-employed. Give the firm name. Attach additional sheets if necessary.

|  |                         |                  |               |
|--|-------------------------|------------------|---------------|
| Name of employer<br>Address<br>City, State, Zip Code<br>Phone number | Name of last supervisor | Employment dates | Pay or Salary |
|  |                         | From             | Start         |
|  |                         | To               | Final         |
| Your Last Job Title  |                         |                  |               |

Reason for leaving (Be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

|  |                         |                  |               |
|--|-------------------------|------------------|---------------|
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|  |                         | From             | Start         |
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|--|-------------------------|--------------------------------|---------------------------------|
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| Name of employer<br>Address<br>City, State, Zip Code<br>Phone number   | Name of last supervisor | Employment dates<br>From<br>To | Pay or Salary<br>Start<br>Final |
| Your Last Job Title  |                         |                                |                                 |
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| Your Last Job Title  |                         |                                |                                 |
| Reason for leaving (Be specific)   |                         |                                |                                 |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.   |                         |                                |                                 |

May we contact your current employer?  No  Yes

Did you complete this application yourself?  No  Yes

If not, who did? \_\_\_\_\_

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Do you have a Driver's License  No  Yes

What is your means of transportation to work? \_\_\_\_\_

Driver's License no. \_\_\_\_\_ State of issue \_\_\_\_\_

Expiration Date \_\_\_\_\_

- Operator
- Commercial (CDL)
- Chauffeur

Have you had any accidents in the past three years?  
If so, how many? \_\_\_\_\_  No  Yes

Have you had any moving violations in the past 3 years?  
If so, how many? \_\_\_\_\_  No  Yes

OFFICE ONLY

Typing Yes  No  WPM \_\_\_\_\_ 10-key Yes  No  Word Processing Yes  No  WPM \_\_\_\_\_

Personal Computer Yes  No  PC  Mac  Other Skills \_\_\_\_\_

Please list two references other than relatives or previous employers

|                 |                 |
|-----------------|-----------------|
| Name _____      | Name _____      |
| Position _____  | Position _____  |
| Company _____   | Company _____   |
| Address _____   | Address _____   |
| Telephone _____ | Telephone _____ |

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

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Please Read Carefully

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Application Form Waiver

In exchange for the consideration of my job application by ISPN, Inc. (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 ISPN, Inc. 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 ISPN, Inc. 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 understand that in connection with the routine processing of my 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 ninety (90) 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 \_\_\_\_\_

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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.