

## Employment Application

Name of Applicant

| Please Pri   | INT  |                               |  |                                |  |             |             |                  |
|--|--|-------------------------------|--|--------------------------------|--|-------------|-------------|------------------|
| Date   | Last Name  |                               | First Name   |                                |  |             |             | Middle           |
| Present Address  |  |                               | City   |                                |  | State       | Zip         | )                |
| Main Phone   |  |                               | Other Phone  |                                |  |             |             |                  |
|  |  |                               |  |                                |  |             |             |                  |
| EMPLOYMEN  Position applying for   |  | Salary E                      | Dagirad.   |                                |  |             |             |                  |
|  | can you start work?  | ·                             | you be available   | to work ov                     | vertime, if neco                         | essary?     |             |                  |
| PERSONAL I   | [NFORMATION  |                               |  |                                |  |             |             |                  |
|  | lied to or worked for Motivational S<br>yes, when?   | Systems, Inc. before?         |  |                                |  |             |             |                  |
| Do you have any friends or relatives working for Motivational Systems, Inc.?  Tyes Do If yes, state name(s) and relationship(s) below: |  |                               | If yes, did they refer you to Motivational Systems, Inc.? □Yes □No |                                |  |             |             |                  |
| Name(s)  | , and the second |                               |  |                                |  |             |             |                  |
| Why are you applyi   | ng for work at Motivational System:  | s, Inc.?                      |  |                                |  |             |             |                  |
|  |  |                               |  |                                |  |             |             |                  |
| f hired, would you<br>⊐Yes □No   | have a reliable means of transport   | ation to and from work?       |  |                                |  |             |             |                  |
| Are you at least 18<br>□Yes □No  | years old? (If under 18, hire is sub   | ject to verification that you | are of minimum   | legal age.)                    | )  |             |             |                  |
|  | form the essential functions of the j<br>no, describe the functions that can   |                               | ing, either with o   | r without r                    | easonable ac                             | commodat    | ion?        |                  |
|  | ,  | '                             |  |                                |  |             |             |                  |
| , ,  | with the ADA and consider reasonal<br>be subject to passing a medical ex   |                               | ,  | necessary f                    | <sup>f</sup> or eligible ap <sub>l</sub> | olicants/en | nployees to | perform essentia |
|  | , TRAINING, AND EXPI   |                               | • ,  |                                |  |             |             |                  |
| High School  | , IRABINO, AND LAI   |                               | . of Years Compl   | leted Did you graduate? Degree |  | or Diploma  |             |                  |
| Address  |  | City                          | /  |                                |  | State       | Zip         | )                |
| College/University   |  | No.                           | . of Years Compl   | eted                           | Did you gr<br>□Yes                       |             | Degree      | or Diploma       |
| Address  |  | City                          | l  |                                |  | State       | Ziŗ         | )                |
| ocational/Busines  | s  | ١                             | No. of Years Com   | pleted                         | Did you gr<br>□Yes                       |             | Degree      | or Diploma       |
| Address  |  | City                          | l  |                                |  | State       | Zip         | )                |
|  |  |                               |  |                                |  |             |             |                  |
|  |  |                               |  |                                |  |             |             |                  |
| SKILLS & E   |  |                               |  |                                |  | ı           |             |                  |
|  | XPERIENCE horthand Speed Office Machine  | es Operated                   |  |                                |  |             |             |                  |

## **EMPLOYMENT HISTORY**

| EMPLUTMENT HISTURY   |               |                                    |                 |                         |                                    |  |
|--|---------------|------------------------------------|-----------------|-------------------------|------------------------------------|--|
| List below all present and past employment starting w<br>must complete this section even if attaching a resume |               | oyer (last five years is sufficien | t). Account for | all periods of          | unemployment. You                  |  |
| Name of Employer   | Telephone No. |                                    |                 |                         |                                    |  |
| Name of Employer   |               | ( )                                |                 |                         |                                    |  |
| Type of Business   |               | Your Supervisor's Name             |                 |                         |                                    |  |
| Address & Street   |               | City                               |                 | State                   | Zip                                |  |
| Your Position and Duties   |               | Dates of Employment<br>From:       | To:             |                         |                                    |  |
| Reason for Leaving   |               | 1                                  |                 | May we co<br>reference? | ontact this employer for a Yes No  |  |
| Name of Employer   |               | Telephone No.                      |                 | •                       |                                    |  |
| Type of Business   |               | Your Supervisor's Name             |                 |                         |                                    |  |
| Address & Street   | City          |                                    | State           | Zip                     |                                    |  |
| Your Position and Duties   |               | Dates of Employment<br>From:       | To:             |                         |                                    |  |
| From: To:  Reason for Leaving  |               |                                    |                 | May                     | ontact this employer for a         |  |
| · ·  |               |                                    |                 | reference?              |                                    |  |
| Name of Employer   | Telephone No. |                                    |                 |                         |                                    |  |
| Type of Business   |               | Your Supervisor's Name             |                 |                         |                                    |  |
| Address & Street   |               | City                               |                 | State                   | Zip                                |  |
| Your Position and Duties   |               | Dates of Employment<br>From:       | To:             |                         |                                    |  |
| Reason for Leaving   |               |                                    |                 | May we co<br>reference? | ontact this employer for a  Yes No |  |
| References   |               |                                    |                 |                         |                                    |  |
|  |               | f all all all                      |                 |                         |                                    |  |
| List below three persons not related to you who have   |               | performance within the last thre   |                 |                         |                                    |  |
| First Name   | Last Name     |                                    | Telephone N     | )                       |                                    |  |
| Address & Street   | C             | City                               |                 | State                   | Zip                                |  |
| Occupation   | ,             |                                    |                 | No. of Years            | Acquainted                         |  |
| First Name   | Last Name     |                                    | Telephone N     | lo.<br>)                |                                    |  |
| Address & Street   | C             | City                               |                 | State                   | Zip                                |  |
| Occupation   |               |                                    |                 | No. of Years            | s Acquainted                       |  |
| First Name   | Last Name     |                                    | Telephone N     | No.                     |                                    |  |
| Address & Street   |               | City                               |                 | State                   | Zip                                |  |
| Occupation   |               |                                    |                 | No. of Years            | Acquainted                         |  |

## DRUG & ALCOHOL POLICY

| expected to a<br>MSI will not<br>applying for a<br>part of a pre<br>and alcohol | t condone, permit or accept the sale, use, or possession of drugadhere to this requirement without exception. MSI is committed to have anyone on company property under the influence of drugs a position with MSI, I understand that I may be asked to submit to employment physical examination. I further understand that if en when circumstances warrant. This may be in the area of work relative requirements of this policy. | a safe and healthful environment for all employees at all times. or alcohol that will jeopardize our commitment to this policy. In a urine test to determine drug and alcohol use. This test may be apployed by MSI, the company reserves the right to test for drugs                                       |
|---|--|---|
| Applicant's   | Signature  | Date  |
| PLEASE I  | READ CAREFULLY, INITIAL EACH PARAGRAPH   | AND SIGN BELOW  |
| Initials  | and that the answers given by me are true and correct to the   |   |
| Initials  |  | riminal background information( unless otherwise specified close to the company and all letters, reports and other rior notice of such disclosure. In addition, I hereby release the orations, partnerships and associations from any and all claims,   |
| Initials  | employment, if hire, is intended to create an employment of<br>and agree that if I am employed, my employment is for no o  | onveyed during any interview which may be granted or during my ontract between me and the Company. In addition, I understand definite or determinable period and may be terminated at any elf or the Company, and that no promises or representations as made in writing and signed by me and the Company's |
| <br>Initials  | In compliance with federal law, all persons hired will be req<br>and to complete the required employment eligibility verificar   | uired to verify identity and eligibility to work in the United Sates ion document form upon hire.   |
|   | any will consider qualified applicants, including those ocal "Fair Chance" laws.   | with criminal histories, in a manner consistent with  |
| Applicant's   | s Signature  |   |