

EDUCATIONAL DATA

	NAME & ADDRESS OF SCHOOL	DATES ATTENDED*		GRADUATED		DATE DEGREE CONFERRED	MAJOR	MINOR
		FROM Mo Yr	TO Mo Yr	YES	NO			
HIGH SCHOOL							N/A	N/A
COLLEGE/ OTHER								
GRADUATE SCHOOL								

**Information required to secure records and all pertinent data from school officials.*

ARE YOU PRESENTLY ENROLLED IN SCHOOL?

YES NO

IF YES, WHERE ENROLLED

DAY EVENING

EMPLOYMENT HISTORY

List all present and past employment, beginning with your most recent. Please attach additional sheets if necessary.

COMPANY NAME/ADDRESS/TELEPHONE NUMBER				IMMEDIATE SUPERVISOR	
				YOUR JOB TITLE OR POSITION	
DATES EMPLOYED		STARTING WAGE OR SALARY	PRESENT/FINAL WAGE OR SALARY	IF STILL EMPLOYED, MAY WE CONTACT YOUR PRESENT SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE GIVE PHONE NO.	
FROM (Mo/Yr)	TO (Mo/Yr)				

REASON(S) FOR LEAVING

DESCRIBE YOUR DUTIES

COMPANY NAME/ADDRESS/TELEPHONE NUMBER				IMMEDIATE SUPERVISOR	
				YOUR JOB TITLE OR POSITION	
DATES EMPLOYED		STARTING WAGE OR SALARY	FINAL WAGE OR SALARY		
FROM (Mo/Yr)	TO (Mo/Yr)				

REASON(S) FOR LEAVING

DESCRIBE YOUR DUTIES

COMPANY NAME/ADDRESS/TELEPHONE NUMBER				IMMEDIATE SUPERVISOR	
				YOUR JOB TITLE OR POSITION	
DATES EMPLOYED		STARTING WAGE OR SALARY	FINAL WAGE OR SALARY		
FROM (Mo/Yr)	TO (Mo/Yr)				

REASON(S) FOR LEAVING

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COMPANY NAME/ADDRESS/TELEPHONE NUMBER				IMMEDIATE SUPERVISOR	
				YOUR JOB TITLE OR POSITION	
DATES EMPLOYED		STARTING WAGE OR SALARY	FINAL WAGE OR SALARY		
FROM (Mo/Yr)	TO (Mo/Yr)				

REASON(S) FOR LEAVING

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COMPANY NAME/ADDRESS/TELEPHONE NUMBER				IMMEDIATE SUPERVISOR	
				YOUR JOB TITLE OR POSITION	
DATES EMPLOYED		STARTING WAGE OR SALARY	FINAL WAGE OR SALARY		
FROM (Mo/Yr)	TO (Mo/Yr)				

REASON(S) FOR LEAVING

DESCRIBE YOUR DUTIES

DO YOU HAVE ANY TRADE SECRETS AND/OR NON-COMPETITIVE OBLIGATIONS WITH PRESENT OR PREVIOUS EMPLOYERS? YES NO

OTHER ACCOMPLISHMENTS

Please list below any other job related accomplishments, professional distinctions, certifications, or verifiable volunteer work.

MILITARY HISTORY

MILITARY SERVICE STATUS	BRANCH OF SERVICE	DATES OF SERVICE	
		From	To
<input type="checkbox"/> VETERAN <input type="checkbox"/> NON-VETERAN			
<input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> RESERVES	<input type="checkbox"/> INACTIVE <input type="checkbox"/> ACTIVE		
<input type="checkbox"/> ADVANCED ROTC			

DID YOU RECEIVE ANY MILITARY TRAINING RELATED TO THE JOB FOR WHICH YOU ARE APPLYING? YES NO IF YES, PLEASE EXPLAIN:

REFERENCES

NAME	ADDRESS	OCCUPATION/TELEPHONE #
1.		Occupation Telephone No.
2.		Occupation Telephone No.
3.		Occupation Telephone No.

SIGNATURE *(Please read carefully before signing)*

I certify that the answers given herein are true and complete to the best of my knowledge, and authorize investigation of all statements contained in this application, with exception of contacting my present employer if I have so requested on page two. I have read, understand and agree to the above statement.

I understand that my continued employment will depend upon the successful completion of work assigned to me during a new hire period of up to ninety (90) days and upon my continued successful performance. I have read, understand and agree to the above statement.

While this application will be retained on file for a period of one year (as required by law), I acknowledge that this application will be considered active for a period of sixty (60) days. At that time, I must submit a new application to be considered for any employment openings. I have read, understand and agree to the above statement.

I understand and acknowledge that unless otherwise defined by applicable law or written agreement with Procoat Systems, Inc., ("the Company"), any employment relationship with the Company is considered "employment at will", which means the employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by any conduct unless such change is specifically executed by the President/CEO of Procoat Systems, Inc. I have read, understand and agree to the above statement.

If I should be employed by the Company, I understand that any false, incomplete, or misleading information given on this application or during an interview shall result in immediate discharge. I have read, understand and agree to the above statement.

I authorize an inquiry into my background by all persons, schools, companies, corporations, credit bureaus, law enforcement agencies, doctors and other consumer reporting agencies to supply information concerning my previous employment, education, credit, driving record, etc. I have read, understand and agree to the above statement.

I authorize the references listed above to give representatives of Procoat Systems, Inc. any and all information concerning my previous or current employment and any pertinent information they may have, personal or otherwise, and release all parties from any and all liability from any damage that may result. I have read, understand and agree to the above statement.

SIGNATURE

DATE

Procoat Systems, Inc. is an Equal Opportunity Employer. Procoat Systems, Inc. does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.



EMPLOYMENT SCREEN APPLICANT PROFILE

APPLICANT Complete the following information as accurately as possible. (Please Print Clearly.)

Last _____ First _____ MI _____

SSN _____ D.L. # _____ State _____

Birth Date _____ Sex _____ Race _____ Phone _____

Professional License Type _____ State _____ Lic. # _____ Exp. Date _____

Previous names (maiden/marriage etc.) _____ Date Changed _____
(Attach additional sheet, if necessary)

_____ Date Changed _____

Addresses: (List past seven years beginning with your current address. Include street, city, state, zip code, county and dates of residence. Attach additional sheet, if necessary.)

1. _____ County _____ Dates _____

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How long has applicant lived in state? _____

Have you ever been convicted of a crime, excluding minor traffic violations? Yes No If yes, please list all crimes, including but not limited to, Felonies and Misdemeanors.

I authorize _____ to prepare a consumer report on myself for the purpose of employment screening. Additionally, I authorize all references, corporations, schools, employers, credit bureaus, licensing boards, government and law enforcement agencies or any other entity deemed necessary to release any information _____ may require in connection with this investigation. I understand that these files may contain negative information about my background, mode of living, character and personal reputation; therefore I agree to hold harmless _____ and any agent acting on its behalf, from any and all liability arising through the investigation of my background. I understand that my date of birth is used solely as an identifier to avoid possible misidentification while completing the background check process. I further authorize that a photocopy of this authorization may serve as an original.

Signature _____ Date _____

OFFICE USE ONLY		
Please indicate the services to be performed on this applicant.		
<input type="checkbox"/> Social Security Number Trace	<input type="checkbox"/> Employment Verification	<input type="checkbox"/> Drivers History
<input type="checkbox"/> Statewide Arrest Record**	<input type="checkbox"/> Education Verification	<input type="checkbox"/> Credit Report
<input type="checkbox"/> County Level Court Record	<input type="checkbox"/> Reference Check	<input type="checkbox"/> OIG/GSA Exclusion
<input type="checkbox"/> Sex Offender Registry	<input type="checkbox"/> Professional License Verification	<input type="checkbox"/> Workers' Comp. Claims