PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

APPLICANTS MUST BE 18 OR OLDER TO APPLY

APPLICANTS SELECTED FOR THE POSITION MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES	1-5.	I	DATE		
Name	First	Middle			
Present address	Street	City	State Zip		
How long	-				
Day Telephone ()	Evening_Telephone (_)	Cell_Telephone ()		
Position applied for (1) Compensation desired (2) (Be specific)			Days/hours available to work No Pref Thur Mon Fri Tue Sat Wed Sun		
How many hours can you work weekly? Can you work nights?					
Employment desired					
Highest Education Degree Comple	eted				
ARE YOU ABLE TO OBTAIN A	SECURITY CLEARANC	CE 🗆 No	☐ Yes		



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SIGNATURE		
	APPLICATION FOR EMPLOYMENT	

Г			ATTLIC	ATIONT	OK EMPLO	TIVIEIVI		
				OFFIC	CE ONLY			
Typing Personal Computer	☐ Yes☐ No☐ Yes☐ No	PC Mac	_ WPM	10-key	☐ Yes ☐ No Other Skills	Word Processing	☐ Yes ☐ No	WPM
Please list tv	wo references	other th	an relatives or pro	evious emp	oloyers.			
Position Company _					Position _ Company			
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 you are applying.								
	ou are apply in	<u> </u>						



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APPLICATION FOR EMPLOYMENT						
	MILI	TARY				
HAVE YOU EVER BEEN IN TH	HAVE YOU EVER BEEN IN THE ARMED FORCES? ☐ Yes ☐ No					
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? □ Yes □ No						
Specialty		_	105 = 110			
<u> Брестану</u>						
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. Please attach additional sheets if necessary. A resume may be provided in addition to this section but all information requested below must be provided, if applicable.						
		1	1	T		
Name of employer Address		Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip Code Phone number			From	Start		
Thone number			То	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.						
Name of employer Address		Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip Code Phone number			From	Start		
Thone number			То	Final		
		Your Last Job Title	e			
Reason for leaving (be specific)						
List the jobs you held, duties perfo	ormed, skills used or learne	d, advancements or pr	omotions while you w	orked at this		



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Work

APPLICATION FOR EMPLOYMENT

Please list your work experience for the **past five years** beginning with your most recent job held.

experience If you were self-employed, give firm provided in addition to this section by					
1	<u>, </u>		, II		
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip Code Phone number		From	Start		
Those number		То	Final		
	Your last job title				
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used company.	or learned, advancements or p	oromotions while you w	orked at this		
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip Code Phone number		From	Start		
Those number		То	Final		
	Your last job title				
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used company.	or learned, advancements or p	romotions while you w	orked at this		
May we contact your present employer? \square Yes	□ No				
Did you complete this application yourself \Box Yes	□ No				
If not, who did?					



PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Lumark Technologies, 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 Lumark Technologies, 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 Lumark Technologies, 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 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.

I understand that, in connection with the routine processing of your 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 sixty calendar (60) 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: _	

Lumark Technologies, Inc. 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.

