

Employment Application Form

SpireTek International Inc.

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS AND CRIMINAL BACKGROUND

PLEASE COMPLETE PAGES 1-4				DATE _____	
Name _____					
Last	First	Middle	Maiden		
Present address _____					
Number	Street	Apt#	City	State	Zip
Telephone 1: _____			Social Security No. _____ - _____ - _____		
Telephone 2: _____			Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese		
If under 18, please list age _____			Others: _____		
Position applied for (1) _____			Days/hours available to work		
And salary desired (2) _____			No Pref _____ Thu _____		
			Mon _____ Fri _____		
			Tue _____ Sat _____		
			Wed _____ Sun _____		
How many hours can you work weekly? _____			Can you work nights? _____		
Employment desired		<input type="checkbox"/> FULL-TIME ONLY	<input type="checkbox"/> PART-TIME ONLY	<input type="checkbox"/> FULL- OR PART-TIME	
When available for work? _____					

TYPE OF SCHOOL (LATEST)	NAME OF SCHOOL (LATEST)	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE

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. _____

DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your means of transportation to work? _____	
Driver's license number _____	State of issue _____ <input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur
Expiration date _____	
Have you had any accidents during the past three years?	How many? _____
Have you had any moving violations during the past three years?	How Many? _____

Please list two references other than relatives or previous employers.	
Name _____	Name _____
Telephone _____	Telephone _____

Please list your work experience for the **past one-year** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start 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.			
<p>May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did you complete this application yourself <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If not, who did? _____</p>			

APPLICATION FORM WAIVER

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.

In exchange for the consideration of my job application by SpireTek International 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 the Company, 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 the Company 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 and a criminal background check at any time of my employment. 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 give the Company permission to share my background report with its clients whoever the Company chooses to.

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 understand that, because of the Company's workmen's comp in-network service requirement, my choice of any medical services in connection with work-related injury should be within the network that the Company provides unless emergencies. **The Company and its WC carrier will not obligated to any such service that I acquire which is not within the designated network.**

I also understand that due to the work needs, the Company will give me smock (\$20 a piece), picture ID badge (\$10) and heel grounder (\$5.00 a pair) either at my own cost or at the company's cost. **I hereby authorize the Company to deduct from my last check the said amount if I fail to return those items when leaving my work in the case that the company pays for the said item(s).**

- If SpireTek does not hear from you within 48 hours an assignment's completion and every following week until an assignment is started, we will consider you to have voluntarily resigned from employment. Voluntary resignation will adversely affect your right to unemployment benefit.
- If you are injured at work, you will have to report to either onsite managements or the main office within one working day (24 Hours on non-holidays). Otherwise your workmen's comp claim will be rejected.
- I, as a SpireTek employee, agree that my employer withhold my last paycheck until the entire item(s), if any, that I check out from work place are fully returned or reasonably compensated if lost or damaged, after the termination of my employment.

Signature: _____ Date: _____