



Application for Employment

<b>Position Information</b>	Title of position for which you are applying:	
	_____	_____
		Date of Application

<b>Personal Information</b>	Last Name	First Name	Middle Initial	Social Security Number
	Address	City	State	Zip
	<b>Contact Information</b>			
	Phone Home	Work	Cell	Email Address

<b>Employment Eligibility</b>	To be employed by Photon-X, you must meet certain State and Federal employment eligibility requirements.		
	<p>1. Are you legally eligible for employment in the United States? (Proof of identity and employment eligibility will be required within 3 days of hire.)</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	<p>2. Are you eligible to obtain a US Security clearance?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A</p>	<p>3. Have you ever been convicted of a felony?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><b>If YES, attach an explanation.</b></p>

<b>Secondary and Postsecondary Education</b>		<b>Institution &amp; Location</b>	<b>Major/Minor Fields of Study</b>	<b>No. of Years Completed</b>	<b>Did you Graduate</b>	<b>Grade Point Average or Rank</b>	<b>Type of Degree or Diploma</b>
	High School/ GED				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	College				<input type="checkbox"/> Yes, Yr. __ <input type="checkbox"/> No		
	College				<input type="checkbox"/> Yes, Yr. __ <input type="checkbox"/> No		
	College				<input type="checkbox"/> Yes, Yr. __ <input type="checkbox"/> No		
	Other (Specify)				<input type="checkbox"/> Yes, Yr. __ <input type="checkbox"/> No		

Candidate Name: \_\_\_\_\_

<b>Licenses and Certifications</b>	Type of License/Certificate	License/Certificate Number	State of Issue	Expiration (Mo./Yr.)
	Current Valid Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please list most recent employment experience first.			
<b>Employment History</b>	Employer	Telephone Number	Job Duties
	Address	Dates of Employment	
	Title	Hourly Rate/Salary	
	Reason for Leaving	Supervisor	
	Employer	Telephone Number	Job Duties
	Address	Dates of Employment	
	Title	Hourly Rate/Salary	
	Reason for Leaving	Supervisor	
	Employer	Telephone Number	Job Duties
	Address	Dates of Employment	
	Title	Hourly Rate/Salary	
	Reason for Leaving	Supervisor	

Candidate Name: \_\_\_\_\_

<b>Employment History (Continued)</b>	Employer	Telephone Number	Job Duties
	Address	Dates of Employment	
	Title	Hourly Rate/Salary	
	Reason for Leaving	Supervisor	
	<hr/>		
	Employer	Telephone Number	Job Duties
	Address	Dates of Employment	
	Title	Hourly Rate/Salary	
	Reason for Leaving	Supervisor	
	Attach Additional page if needed.		

May we contact your current employer?     Yes                       No

<b>Skills, Certifications, Awards or Professional Activities</b>	

Candidate Name: \_\_\_\_\_

<b>Veteran's Preference</b>	<p><b>Veteran's Preference Information</b>            Completion of the Veterans' Preference section below is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act. Listed Below are the four Veterans' Preference categories.</p> <ol style="list-style-type: none"> <li>1. A Veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense, <b>or</b></li> <li>2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, <b>or</b></li> <li>3. A veteran of any war who has served duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, <b>or</b></li> <li>4. The unremarried widow or widower of a veteran who died of a service-connected disability.</li> </ol>
	<p><b>Veterans' Preference Claim</b>            IF ELIGIBLE, WHICH VETERANS' PREFERENCE CATEGORY ARE YOU CLAIMING?             (Please indicate number from Veterans' Preference Information section above.)</p> <p><b>NOTE:</b> If you are claiming Veterans' Preference you <b>must</b> meet the criteria and substantiate your claim by furnishing a DD214 (Certificate of Release or Discharge from Active Duty) and any other required supporting documentation with your application.</p>

Please list three previous <b>supervisors, team leaders, or faculty members</b> who may be contacted regarding your professional ability.					
<b>References</b>	Name and Title	Years Known	Present Employer / Position	Telephone/ E-mail	Relationship
				H: W: E-mail:	
				H: W: E-mail:	
				H: W: E-mail:	

<b>Consent Agreement</b>	<p>I represent and warrant that the information I have given on this application is full and true to the best of my knowledge and belief. I further acknowledge that I understand that I must provide documented verification of education, experience and required certifications and/or licensures. I understand that my employment with Photon-X depends on successful completion of a criminal background investigation. I hereby expressly request, and give permission to, former employers and any persons who may have pertinent information concerning this application to furnish such information to Photon-X officials. I agree to hold such person harmless, and I do hereby release them from any and all liability for damage of any nature whatsoever for furnishing such information. I understand that failure to provide full and true information on this application may result in disqualification or dismissal.</p>
	<p>_____</p> <p>Signature of Applicant</p>
	<p>_____</p> <p>Date</p>

Application Form Waiver

**IMPORTANT – Please read completely before signing below**

In exchange for the consideration of my job application by Photon-X (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 Photon-X, 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 of the Company. Both the undersigned and Photon-X 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. I understand that my employment with Photon-X depends on successful completion of a criminal background investigation. 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 (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: \_\_\_\_\_

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.