

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apt./Unit #	
City	State	ZIP	
Phone	Email		
Are you 18 years or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid MI driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a citizen of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you authorized to work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:	

EMPLOYMENT DESIRED

Position	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Date Available to Start	Salary Desired
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have friends or relatives currently employed by Argonics?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state name and relationship	
Have you ever applied at Argonics before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	
How did you hear about Argonics?			

EDUCATION

High School		Address	
No. Years Attended	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree
College		Address	
No. Years Attended	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree
Trade School		Address	
No. Years Attended	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree
Subjects of Special Study or Research Work			
Special Skills			
U.S. Military or Naval Service	Rank	Present Membership in National Guard or Reserves	

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EMPLOYMENT HISTORY

Month/Year	Name and Address	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
Which position did you like best?				
What did you like most about this position?				

REFERENCES

Name & Job Title	Address & Phone Number	Business	Years Acquainted

I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions or misrepresentations are discovered my application may be rejected and if I am employed, my employment may be terminated for falsification of documents.

In consideration of my employment, I agree to conform to the company's rules and regulations, and agree that the company can terminate with or without cause and with or without notice my employment and compensation at any time. I understand that no Argonics representative, other than its President/CEO, and then only when in writing and signed by the President/CEO, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

I authorize all parties listed on this application to give information concerning my previous employment, education and/or any other relevant information that may be required for potential employment purposes. I release all such parties from all liability that may result from furnishing such information to Argonics, Inc. I authorize Argonics, Inc. to request and receive such information. I understand that this information will be held in strict confidence.

I acknowledge that this application will remain active for 180 days from the date it was signed.

Signature: _____ Date: _____

Note: All job applicants must sign the application form. If it is not signed, the application will be dismissed.