

MAKSON Incorporated

Equal Opportunity Employer

Application for Employment

Only completed and signed applications will be evaluated. Applications containing incomplete or "see résumé" responses will not be processed.

PERSONAL INFORMATION

NAME

Last

First

Middle

CURRENT ADDRESS

Street

City

State

Zip

HOME PHONE

WORK PHONE

CELL PHONE

POSITION FOR WHICH YOU ARE APPLYING

AVAILABILITY: FULL TIME PART TIME TEMP.

DATE AVAILABLE TO START

ARE YOU UNDER AGE 18? Y N

HAVE YOU APPLIED HERE BEFORE? Y N WHEN?

REFERRED BY: NEWSPAPER AGENCY FRIEND/RELATIVE OTHER:

DO YOU HAVE ANY RELATIVES WORKING HERE? Y N NAME:

OTHER NAME(S) BY WHICH YOU HAVE BEEN KNOWN

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Y N Date(s)/Charge(s):

A conviction does *not* automatically exclude you from consideration for employment.

EDUCATION

HIGHEST LEVEL COMPLETED:

GRADES
 9 10 11 12

YRS COLLEGE
 1 2 3 4

MAJOR/DEGREE

HIGH SCHOOL NAME & LOCATION

COLLEGE NAME & LOCATION

POST GRADUATE DEGREES

SCHOLASTIC HONORS & PROFESSIONAL ORGANIZATIONS

OTHER TRAINING OR CERTIFICATION THAT CONTRIBUTES TO YOUR QUALIFICATIONS

EXPERIENCE

Please list your last three employers, beginning with the most recent. You may submit a résumé to *supplement* information given.

EMPLOYER NAME		
ADDRESS		
PHONE	SUPERVISOR	
REASON FOR LEAVING		
DATES EMPLOYED	to	FINAL POSITION
FINAL SALARY \$	per	DUTIES

EMPLOYER NAME		
ADDRESS		
PHONE	SUPERVISOR	
REASON FOR LEAVING		
DATES EMPLOYED	to	FINAL POSITION
FINAL SALARY \$	per	DUTIES

EMPLOYER NAME		
ADDRESS		
PHONE	SUPERVISOR	
REASON FOR LEAVING		
DATES EMPLOYED	to	FINAL POSITION
FINAL SALARY \$	per	DUTIES

HAVE YOU EVER SERVED IN THE MILITARY? Y N DATES: _____ to _____

RANK UPON DISCHARGE _____

TYPES OF EQUIPMENT AND SOFTWARE WITH WHICH YOU ARE PROFICIENT _____

Please provide three references that we can contact and who are able to evaluate your professional knowledge and abilities:

NAME	PHONE
TITLE	COMPANY
ADDRESS	

NAME	PHONE
TITLE	COMPANY
ADDRESS	

NAME	PHONE
TITLE	COMPANY
ADDRESS	

CERTIFICATION	<i>Read carefully before signing.</i>
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I certify that the information I have provided on this Application for Employment is true and complete. I understand and agree that employment with this company, if offered, may be immediately discontinued if misrepresentation, false statements or material omissions are found to have been made. I hereby authorize educational institutions, former employers and former supervisors to provide any and all information pertinent to my being considered for employment and hereby release those providing such information from any liability for doing so. I understand that employment, if offered, is contingent upon my providing additional information for employee record purposes and also upon my providing proof of identity and employment eligibility and completing a Form I-9. I understand that, if employed, the company or I may terminate the employment relationship at any time, with or without cause, with or without notice, and that, if employed, employment does not constitute a contract of employment between myself and the company. If employed, I will abide by and conform to all company policies, rules and procedures as may be in effect from time to time. I understand that this application will become inactive in sixty days unless reactivated by me in person or in writing. I understand that, upon request, I will be provided a copy of my signed Application for Employment. I have read the above, understand its content and meaning, and agree to all of its provisions.

APPLICANT'S SIGNATURE DATE