



IntriPlex Technologies, Inc.

EMPLOYMENT APPLICATION

At IntriPlex Technologies, Inc., we consider applicants on the basis of skills, experience, and qualifications without regard to race, color, age, sex, gender identity, sexual orientation, religion, ancestry, national origin, citizenship status, uniformed service member or veteran status, marital status, pregnancy, protected medical condition, disability or any other protected status in accordance with applicable federal, state, and local laws.

PERSONAL DATA (PLEASE PRINT)

NAME (LAST, FIRST, MIDDLE INITIAL)	SOCIAL SECURITY NO.	TELEPHONE
STREET ADDRESS	CITY, STATE, ZIP CODE	OTHER NAMES USED
How were you referred? Be specific with name of individual, agency, website, etc.	E-MAIL	

POSITION

POSITION DESIRED	STARTING SALARY DESIRED
SCHEDULE DESIRED FULL TIME WORK PART TIME WORK	TYPE OF EMPLOYMENT DESIRED REGULAR EMPLOYMENT TEMPORARY EMPLOYMENT
	If part-time work, what hours and days are you available?

WERE YOU PREVIOUSLY EMPLOYED BY INTRIPLEX? If yes, please specify dates employed and last position held. YES NO

DO YOU HAVE ANY RELATIVE(S) CURRENTLY EMPLOYED BY INTRIPLEX? If yes, please provide name(s).
NOTE: Relatives may not report to one another or be placed where employment may cause a conflict of interest. YES NO

CAN YOU, AT TIME OF HIRE, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO LIVE AND WORK IN THE UNITED STATES? YES NO

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATION? YES NO

ARE YOU AWARE OF ANY CONFLICT(S) OF INTEREST WHICH MIGHT EXIST SHOULD YOU BE EMPLOYED BY INTRIPLEX?
(For example, relatives working at a competitor or customer.) If yes, please describe. If you are uncertain, please note here and discuss at interview. YES NO

IF YOU ARE HIRED INTO A POSITION WHICH WARRANTS A DMV, CREDIT, OR BACKGROUND CHECK (AT THE COMPANY'S DISCRETION), THE COMPANY NEEDS YOUR AUTHORIZATION TO PROCEED.	Initial Here _____	I authorize a DMV check	YES	NO
	Initial Here _____	I authorize a background check	YES	NO
	Initial Here _____	I authorize a credit check	YES	NO

ARE YOU AT LEAST 18 YEARS OLD? (If under 18, hire is subject to verification that you are of minimum legal age.) YES NO

EDUCATION

SCHOOL	LOCATION	MAJOR SUBJECTS	NUMBER OF YEARS COMPLETED OR DEGREE AWARDED
High School		Did you graduate from high school or receive a GED? If no, what was the last grade you completed?	YES NO
Junior College/Trade School			
University/Undergraduate Level			
University/Graduate Level			

Other			
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SKILLS, PATENTS, LICENSES & CERTIFICATES

LIST ALL LICENSES, PATENTS, AND INVENTIONS. DESCRIBE TECHNICAL TRAINING, AREAS OF EXPERTISE, AND ANY MILITARY OR COMMERCIAL CERTIFICATIONS. IF YOU ARE APPLYING FOR AN ADMINISTRATIVE POSITION, DESCRIBE DEGREE OF COMPUTER LITERACY, SOFTWARE APPLICATIONS WITH WHICH YOU ARE FAMILIAR, AND DEGREE OF PROFICIENCY IN EACH PROGRAM.

WORK HISTORY

List all positions held in the past ten years. Do not omit any employment during this period, even if it was short-term or temporary. Begin with your most recent employer. Use an additional sheet if needed. You may include military service and training.

Employer	Type of Business	Telephone
Address [street, city, state, zip code]		Position Held
Reason for Leaving	Dates Employed From:	To:
Supervisor's Name and Title	May we contact now? YES NO	
Responsibilities		

Employer	Type of Business	Telephone
Address [street, city, state, zip code]		Position Held
Reason for Leaving	Dates Employed From:	To:
Supervisor's Name and Title		
Responsibilities		

Employer	Type of Business	Telephone
Address [street, city, state, zip code]		Position Held
Reason for Leaving	Dates Employed From:	To:
Supervisor's Name and Title		

Responsibilities

Employer

Type of Business

Telephone

Address [street, city, state, zip code]

Position Held

Reason for Leaving

-Dates Employed
From:

To:

Supervisor's Name and Title

Responsibilities

BUSINESS REFERENCES

List people who know your work. Do not include personal references.

NAME/TITLE	RELATIONSHIP	COMPANY	LOCATION	PHONE NO. OR EMAIL

THE FOLLOWING INFORMATION IS VERY IMPORTANT. PLEASE READ IT CAREFULLY BEFORE SIGNING THIS APPLICATION.

I authorize investigation of all statements contained in this application. I will not hold IntriPlex Technologies liable in any respect if an employment offer is not extended, is withdrawn, or if my employment is terminated as a result of misrepresentation or omission of facts on this application, on my resume, or on any other related document.

I understand that additional information may be required as part of an employment offer. I authorize IntriPlex Technologies to investigate my references, and I authorize those references to disclose information about me to IntriPlex Technologies without giving me prior notice of such disclosure. If hired, I authorize IntriPlex Technologies to conduct background, credit, and DMV checks at the Company's discretion.

I understand that, if hired, my employment with IntriPlex Technologies is at will, and that I or the Company may terminate my employment at any time, for any reason or for no reason, with or without notice, and without further obligation. The at-will agreement can be modified only by written authorization of the President. I further understand that if I am employed by IntriPlex Technologies, future employment terms and conditions, performance appraisals, wage or position changes, and other employment-related activities are at the discretion of the Company and do not imply a promise of continued employment.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND EACH AND ALL OF THESE STATEMENTS.

Date

-Signature (Acknowledgment)

EMPLOYMENT APPLICATION SUPPLEMENT VOLUNTARY SELF-IDENTIFICATION FORM

Completion of this form is voluntary. All information will remain confidential and will not affect your application status. We are collecting this information for equal employment opportunity purposes. If this form is completed, it will be kept separately from your employment application.

APPLICANT NAME:

DATE:

POSITION
APPLIED FOR:

SEX:

MALE

FEMALE

RACE/ETHNICITY (check one):

American Indian or Alaska Native

(a person having origins in any of the original peoples of North, Central, or South America and who maintains tribal affiliation or community attachment)

Asian

(a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent)

Black or African American

(a person having origins in any of the black racial groups of Africa)

Hispanic or Latino

(a person of Cuban, Mexican, Puerto Rican, South American, Central American, or other Spanish culture or origin, regardless of race)

Native Hawaiian or Other Pacific Islander

(a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

White

(a person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

Two or More Races

(a person who identifies with more than one of the above races)

I do not wish to self-identify

To be completed by employer

EEO-1 Category:

- Executive/Senior Officials and Managers
- First/Mid-Level Officials and Managers
- Professionals
- Technicians

- Sales Workers
- Administrative Support Workers
- Craft Workers

- Operatives
- Laborers and Helpers
- Service Workers

Employer information completed by:

Name

Date