



Application for Employment

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. This application must be completed in full even when attaching a resume.

POSITION APPLIED FOR

DATE OF APPLICATION

PERSONAL

PLEASE PRINT USING BALLPOINT PEN

FULL NAME	FIRST, MIDDLE, LAST	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	STREET CITY STATE ZIP	HOW LONG	HOME TELEPHONE #
PREVIOUS ADDRESS	STREET CITY STATE ZIP	HOW LONG	MESSAGE TELEPHONE #
EMAIL ADDRESS:			
ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH THE COMPANY OR ITS DIVISIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME OF RELATIVE:			
HAVE YOU EVER WORKED FOR THE COMPANY OR ITS DIVISIONS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE? APPROXIMATE DATE: MO/YR.			
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH THE COMPANY OR ITS DIVISIONS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE? APPROXIMATE DATE: MO/YR.			
HOW WERE YOU REFERRED TO SOLARC, Inc.:			

GENERAL INFORMATION

IF YOU ARE UNDER AGE 18, PLEASE STATE YOUR AGE:	IF UNDER AGE 18, CAN YOU SUPPLY WORKING PAPERS? <input type="checkbox"/> YES <input type="checkbox"/> NO
CAN YOU, UPON EMPLOYMENT PROVIDE REQUIRED DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DURING THE PAST 10 YEARS, HAVE YOU BEEN CONVICTED OF, OR PLED GUILTY OR NO CONTEST TO, A FELONY OFFENCE, OR HAVE YOU BEEN SUBJECTED TO A DEFERRED ADJUDICATION ON A FELONY CHARGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:	
HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:	

EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)

1 EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)	
	MO.	YR.				
	NAME OF COMPANY		\$			DESCRIBE YOUR JOB DUTIES
	TO		ENDING SALARY			
	MO.	YR.				
CITY, STATE, ZIP		\$	NAME & TITLE OF IMMEDIATE SUPERVISOR			
PHONE NO.	TYPE OF BUSINESS					
EXPLAIN ANY PERIOD BETWEEN JOBS				MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
2 EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)	
	MO.	YR.				
	NAME OF COMPANY		\$			DESCRIBE YOUR JOB DUTIES
	TO		ENDING SALARY			
	MO.	YR.				
CITY, STATE, ZIP		\$	NAME & TITLE OF IMMEDIATE SUPERVISOR			
PHONE NO.	TYPE OF BUSINESS					
EXPLAIN ANY PERIOD BETWEEN JOBS				MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
3 EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)	
	MO.	YR.				
	NAME OF COMPANY		\$			DESCRIBE YOUR JOB DUTIES
	TO		ENDING SALARY			
	MO.	YR.				
CITY, STATE, ZIP		\$	NAME & TITLE OF IMMEDIATE SUPERVISOR			
PHONE NO.	TYPE OF BUSINESS					
EXPLAIN ANY PERIOD BETWEEN JOBS				MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
4 EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)	
	MO.	YR.				
	NAME OF COMPANY		\$			DESCRIBE YOUR JOB DUTIES
	TO		ENDING SALARY			
	MO.	YR.				
CITY, STATE, ZIP		\$	NAME & TITLE OF IMMEDIATE SUPERVISOR			
PHONE NO.	TYPE OF BUSINESS					
EXPLAIN ANY PERIOD BETWEEN JOBS				MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EDUCATIONAL BACKGROUND

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS. TRADE OTHER			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service which you would like considered in connection with your application for employment.

ATTENDANCE AND PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of all jobs with this company. Is there anything that would interfere with your regular attendance and punctuality if you are offered a job with the company? YES NO

If Yes, please explain: _____

BUSINESS REFERENCES

1	REFERENCE NAME	OCCUPATION/ JOB TITLE
	WORK PHONE	EMAIL ADDRESS
	RELATIONSHIP	HOW LONG KNOWN
2	REFERENCE NAME	OCCUPATION/ JOB TITLE
	WORK PHONE	EMAIL ADDRESS
	RELATIONSHIP	HOW LONG KNOWN
3	REFERENCE NAME	OCCUPATION/ JOB TITLE
	WORK PHONE	EMAIL ADDRESS
	RELATIONSHIP	HOW LONG KNOWN



NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release my prospective employer, SolArc, from all liability that might result from conducting an investigation.

If hired, I agree to abide by all of the company rules, policies and procedures, and understand that, if employed, my employment is at will and may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. If hired I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the Chief Executive Officer or Executive Vice President, or to make any agreement contrary to the foregoing.

I authorize present and former employers, and individuals I have listed as personal references, to furnish information about my employment record, including a statement of the reason for the termination or separation of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

This application will remain active for 60 calendar days. After that time you will not be considered for hire. If you wish to be considered for hire beyond 60 days from today's date, you need to submit another employment application after this one has expired.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE

DATE