

Date of Application:	Po	osition Applied Fo	r:	
We consider applicants for all p disability, marital or veteran sta	_		igion, creed, gender, national or	igin, age
GENERAL INFORMA	ATION			
Name:				
Last		First	Middle	
Address:	Apt #	City	State Zip	
Phone:		•	,	
Have you been employed with DA <sup>-</sup> How did you hear about DATAMAT	TAMATX before?		o If yes, when?	
Are you legally eligible for employing Will you require sponsorship, either Are you at least 18 years of age? Have you ever been discharged from	ment in the United States er now or at a later date	☐ Yes ☐ N	0	
Have you ever been convicted of a Have you ever been convicted of a defined by the Federal Deposit Ins	crime involving dishones		, or money laundering, as those t	
Wage Desired:  If applying for production positions  Do you have a reliable method of g	s, do you prefer Day Shif	ft? 🛭 Yes 🖫 N	o Night Shift? 🗖 Yes	□ No
How long do you plan on working h	nere?			
EDUCATION				
High School – # of Years Complete	d:	Did you gradu	uate?□ Yes □ No	
School Name & Location			Degree Received	
College/University – # of Years Con	npleted:	Did you gradu	uate?□ Yes □ No	
School Name & Location			Degree Received	
Trade/Technical – # of Years Comp	leted:	Did you gradu	uate?□ Yes □ No	
School Name & Location			Degree/Certification Received	
Other – # of Years Completed:		Did you gradu	uate?□ Yes □ No	
School Name & Location			Degree/Certification Received	



#### **EMPLOYMENT HISTORY**

Start with your present or most recent employer. Please give complete full-time and part-time employment information. Application must be completed even if you are submitting a resume. Include experience in the U.S. Armed Forces and long-term voluntary assignments and internships.

F Т		C	T-1 sub-us #.	
From: T	Го:	Company Name:	Telephone #:	
Job Title:		Company Address: City / State:		
Supervisor's Name:		Description of job responsibilities:		
Supervisor's Title:				
Reason for leaving job:				
T	-	Lo Name.	<b>-</b> 1 1	
From: T	Го:	Company Name:	Telephone #:	
Job Title:		Company Address: City / State:		
Supervisor's Name:		Description of job responsibilities:		
Supervisor's Title:				
Reason for leaving job:				
From: T	Го:	Company Name:	Telephone #:	
Job Title:		Company Address: City/State:		
Supervisor's Name:		Description of job responsibilities:		
Supervisor's Title:				
Reason for leaving job:		L		





### **EMPLOYMENT HISTORY - Continued**

From: To:	Company Name:	Telephone#:	
Job Title:	Company Address: City/State:		
Supervisor's Name:	Description of job responsibilities:		
Supervisor's Title:			
Reason for leaving job:			
ease explain any gaps in your employmen	history.		
EFERENCES			
ay we contact your present employer?	☐ Yes ☐ No Past 6	employers?	
ould your past employers rehire you?	☐ Yes ☐ No		
hat would your employers say about you i	f we called them?		
reanal Pafaraneae: If you ware referred t	o DATAMATY by a current or form	ner employee, list here in addition to your	
rsonal references.	o DATAMATA by a current of form	er employee, list here maddition to your	
nme & Occupation	Telephone Number	Years Known	
KILLS AND QUALIFICAT	IONS		
•			
scribe any additional skills, qualifications, clude computer skills and other equipme		be useful in the job for which you are apply	



#### **Consent and Signature**

Important - Please read the following statement and sign the application.

Applicant hereby certifies that the answers to the foregoing questions are true and correct. I agree if the information is found to be false in any respect including omission of information, I will be subject to dismissal without notice at any time. The applicant understands the employer is relying upon applicant's answers and the answers are made as an inducement to employer to hire applicant. I authorize the employer to investigate all information in this application. I hereby authorize my former employers to release information pertaining to my work record, habits, and performance.

I hereby authorize DATAMATX to obtain a background investigative report made by a security or consumer reporting agency with respect to me. In doing so, I release the reporting agency, DATAMATX, and its agents from any and all liability which may follow from the release of such information.

Should I become an employee of DATAMATX, I understand that my employment will be for no definite term, such that I will enjoy the right to terminate my employment at any time, at my convenience, with or without cause or reason. I further understand that DATAMATX will have the same right. This status can only be modified if such modification is in writing and signed by both me and the President of DATAMATX.

I hereby further acknowledge that I am expected to abide by all Company rules and regulations, written or unwritten, promulgated by the Company, my manager, or supervisor, but that such rules and regulations do not create a contract between me and the Company or otherwise restrict the right of either me or the Company to terminate the employment relationship. I understand that these rules and regulations may be subject to change at any time. I understand and agree any handbook I may receive will not constitute an employment contract but will be a statement of the Company's current policies.

As part of your employment process DATAMATX will obtain a background investigative report made by a security or consumer reporting agency with respect to you. Your approval is required before the reporting agency will process the request, DATAMATX, and its agents from any and all liability which may follow from the release of such information. Additionally a Federal background check may be required for job function/duties with access to Federal Tax Information which could include Federal Bureau of Investigation fingerprint results.

I understand that before any offer is finalized, I will be required to submit a urine sample or other medical testing for alcohol, drugs, and controlled substances at a Company-selected medical facility at the Company's expense. If the test results demonstrate the presence of undisclosed prescribed or unauthorized drugs or controlled substances, an unacceptable level of alcohol, or evidence of tampering with the test, I understand that I will not be permitted to commence work for the Company, or I will be terminated if I have already commenced work. I voluntarily consent for the designated medical facility to collect samples from me and to test for the presence of alcohol, drugs, and controlled substances. Further, the medical facility is authorized to release the results of the tests to DATAMATX. DATAMATX is authorized to communicate the results of the tests internally as it deems appropriate.



law.		
Signature of Applicant	 Date	
Parent or Guardian Signature (if under 18 years of age)		

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by

Please do not call DATAMATX to inquire about the status of your application. You will be contacted should your skills and availability match our needs. This application will remain active for 60 days. DATAMATX is an Equal Opportunity Employer and does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by law.