

# **APPLICATION FOR EMPLOYMENT**

An Equal Opportunity Employer: We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. <b>PLEASE PRINT</b> , except for signature on back of application. In reading the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.								
NAME:	LAST	FIRST		MIE	DDLE	ł		DATE
ADDRE	ADDRESS: NUMBER, STREET, RFD, ETC.							
CITY O	R TOWN	STATE		ZIP		DRIVERS LICEN	ISE NO. (If applicable	e)
PHONE: AREA CODE, NUMBER			CELL PHONE:			SOCIAL SECURITY NO.		
APPLYING FOR: (GIVE SPECIFIC JOB TITLE)			Full-time	Part-time Temporary			DATE AVAILABLE :	DO YOU OBJECT TO SHIFT WORK? YES NO N/A
EMPL	K HISTORY: LIST ALL EN OYER, INCLUDE PART-T PLETE THIS EVEN IF YOU	IME, TEMPORARY,	AND VOLUNTE					AST OR PRESENT MPLOYMENT. YOU MUST
1	EMPLOYER NAME							PHONE: AREA CODE, NO.
ADDRE	SS NUMBEF	R & STREET		CITY OR TOW	VN	S	STATE	ZIP
SUPER	VISOR'S NAME & TITLE						DATE HIRED	DATE TERMINATED
PAY: Start \$	End \$	REASON FOR LEAVING					POSITION	·
	SECIFIC DUTIES							
2	EMPLOYER NAME							PHONE: AREA CODE, NO.
ADDRE	SS NUMBEF	R & STREET		CITY OR TOW	VN	S	TATE	ZIP
SUPER	VISOR'S NAME & TITLE						DATE HIRED	DATE TERMINATED
PAY: Start \$	End \$	REASON FOR LEAVING					POSITION	
	SECIFIC DUTIES							
3	EMPLOYER NAME							PHONE: AREA CODE, NO.
ADDRE	SS NUMBER	R & STREET		CITY OR TOW	N	ST	ATE	ZIP
SUPER	VISOR'S NAME & TITLE						DATE HIRED	DATE TERMINATED
PAY: REASON FOR LEAVING Start \$ End \$							POSITION	· · · · · · · · · · · · · · · · · · ·
Start \$ End \$ SPECIFIC DUTIES								

REFERENCES: Please provide three professional, non-related, references with full contact information.						
Name	Relationship	Company	Address	Phone Number		

## EDUCATION:

TYPE:	SCHOOL NAME & LOCATION:	COUR	SE OF STUDY/DEGREE:	# YEARS COMPLETED:			
HIGH SCHOOL							
TRADE SCHOOL VOCATIONAL BUSINESS							
COLLEGE UNIVERSITY							
GRADUATE SCHOOL							
OTHER SPECIAL TRAINING OR EDUCATION							
WHAT MACHINES OR EQUIPMENT CAN YOU OPERATE THAT RELATE TO THE JOB FOR WHICH YOU ARE APPLYING?							
WOULD YOU RELOCATE, IF NECESSARY?			WHAT SALARY DO YOU EXPECT?				
IF JOB TRAVEL IS NECESSARY, WHAT PERCENTAGE OF TIME CAN YOU TRAVEL? %							

## **ADDITIONAL INFORMATION:**

1	ARE YOU AT LEAST 18 YEARS OF AGE?	YES	□ NO
2	HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR MISDEMEANOR?) (Include any plea of "guilty" traffic violations that do not include drugs or alcohol.) YES NO	or "no contest." Exc	lude
lf "Y	Yes," state the nature of the crime (s), when and where convicted and disposition of the case.		
3	HOW WERE YOU REFERRED TO THIS POSITION? (AD SOURCE, NAME OR AGENCY)		
lf yo	ou know someone who works here, please list their name:		
4	HAVE YOU EVER WORKED FOR OR APPLIED TO FIDELITY TECHNOLOGIES CORP. FOR EMPLOYMENT BEFORE?		
lf "Y	Yes," give date, location, and type of work.		
5	IS THERE ANY LEGAL REASON WHY YOU CANNOT BE EMPLOYED IN THIS COUNTRY?	)	
lf "Y	Yes," give details.		
6	FOR DRIVING JOBS ONLY: Do you have a valid driver's license? YES NO		
Hav	ver's License NumberClass of LicenseState Licensed In ve you had your driver's license suspended or revoked in the last 3 years? YES NO f "Yes," give details:		

## AFFIDAVIT, CONSENT AND RELEASE

#### PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination and background check. I hereby consent to a pre- and/or postemployment drug screen and background check as a condition of employment, if required. I understand that I shall not become an employee of Fidelity Technologies Corporation until I have signed a Non-Disclosure Agreement, Patent Contract, Policies and Procedures form, and Ethics Acknowledgement Form.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

SIGNATURE

To be considered an "applicant," you must apply for a specific, open job position with Fidelity Technologies Corporation and meet the minimum qualifications of the position, as determined by Fidelity. Provided you meet the definition of "applicant," Fidelity will consider this application active from the date of its receipt to 30 days after the closing of the position.

DATE SIGNED