



Employment Application

APPLICANT INFORMATION												
Last Name			First			M.I.		Date				
Street Address						Apartment/Unit #						
City				State				ZIP				
Phone				E-mail Address								
Date Available			Social Security No.			Desired Salary						
Position Applied for												
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
EDUCATION												
High School				Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
College				Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
Other				Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
REFERENCES												
<i>Please list three professional references.</i>												
Full Name				Relationship								
Company						Phone		()				
Address												
Full Name				Relationship								
Company						Phone		()				
Address												
Full Name				Relationship								
Company						Phone		()				
Address												

PREVIOUS EMPLOYMENT									
Company					Phone	()			
Address					Supervisor				
Job Title				Starting Salary	\$			Ending Salary	\$
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
Company					Phone	()			
Address					Supervisor				
Job Title				Starting Salary	\$			Ending Salary	\$
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
Company					Phone	()			
Address					Supervisor				
Job Title				Starting Salary	\$			Ending Salary	\$
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
MILITARY SERVICE									
Branch					From		To		
Rank at Discharge					Type of Discharge				
If other than honorable, explain									
DISCLAIMER AND SIGNATURE									
I certify that my answers are true and complete to the best of my knowledge.									
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.									
Signature							Date		

APPLICATION WAIVER FORM

In exchange for the consideration of my job application by **Shook Mobile Technology, LP (Shook)**, I agree that:

Neither the acceptance of this application nor any subsequent interview, either for the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other **Shook** practices, shall serve to create an actual or implied expectation of an offer of employment. If employed, I understand that **Shook** may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigations of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give **Shook** permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release **Shook** from any liability as a result of such contact.

I also understand that (1) **Shook** may have a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations. *(Only if applicable to the performance of the job, e.g. applicant is applying for a truck driver position.)*

I understand that, in connection with the routine processing of your employment application, **Shook** may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, **Shook**, will provide me with additional information concerning the nature and scope of any such report requested by it.

I further understand that any employment with **Shook**, shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the company may be terminated for any reason recognized in law as sufficient.

Signature of Applicant: _____ **Date:** _____

Shook is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment depends solely on your qualifications and the inherent requirements of the job, having regard to Equal Employment.

Thank you for completing this application form and for your interest in our business.

Thank you for applying!