

LINGUALINX, INC.
Employment Application



APPLICANT INFORMATION												
Last Name				First				M.I.		Date		
Street Address						Apartment/Unit #						
City				State				ZIP				
Phone				E-mail Address:								
Position Applied for						Desired Salary						
Start Date			Have you previously applied?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		Referred By?		
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?					
EDUCATION												
High School				Address								
From		T	o	Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
College				Address								
From		T	o	Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
Other				Address								
From		T	o	Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
SKILLS												
List all technical skills that you feel qualify you for the job for which you are applying.												
REFERENCES												
Full Name						Relationship						
Company						Phone:						
Address												
Full Name						Relationship						
Company						Phone:						
Address												

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"/> No, still employed <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:	

THIS APPLICATION WILL BE CONSIDERED FOR A MAXIMUM OF SIXTY (60) DAYS.
IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I UNDERSTAND AND AGREE THAT IF DRIVING IS A REQUIREMENT OF THE JOB FOR WHICH I AM APPLYING, MY EMPLOYMENT AND/OR COMBINED EMPLOYMENT IS CONTINGENT ON POSSESSING A VALID DRIVER'S LICENSE FOR THE STATE I RESIDE AND AUTOMOBILE LIABILITY INSURANCE IN AN AMOUNT EQUAL TO THE MINIMUM REQUIRED BY THE STATE WHERE I RESIDE.

I UNDERSTAND THAT LINGUALINX MAY NOW HAVE, OR MAY ESTABLISH, A DRUG-FREE WORKPLACE OR DRUG AND/OR ALCOHOL TESTING PROGRAM CONSISTENT WITH APPLICABLE FEDERAL, STATE, AND LOCAL LAW. IF LINGUALINX HAS SUCH A PROGRAM AND I AM OFFERED A CONDITIONAL OFFER OF EMPLOYMENT, I UNDERSTAND THAT IF A PRE-EMPLOYMENT (POST OFFER) DRUG AND/OR ALCOHOL TEST IS POSITIVE, THE EMPLOYMENT OFFER MAY BE WITHDRAWN. I AGREE TO WORK UNDER THE CONDITIONS REQUIRING A DRUG-FREE WORKPLACE, CONSISTENT WITH APPLICABLE FEDERAL, STATE AND LOCAL LAW.

I ALSO UNDERSTAND THAT ALL EMPLOYEES OF THE LOCATION; PURSUANT TO LINGUALINX'S POLICY AND FEDERAL, STATE AND LOCAL LAW, MAY BE SUBJECT TO URINALYSIS AND/OR BLOOD SCREENING OR OTHER MEDICALLY RECOGNIZED TESTS DESIGNED TO DETECT THE PRESENCE OF ALCOHOL OR ILLEGAL OR CONTROLLED DRUGS. IF EMPLOYED, I UNDERSTAND THAT THE TAKING OF ALCOHOL AND/OR DRUGS TESTS IS A CONDITION OF CONTINUAL EMPLOYMENT AND I AGREE TO UNDERGO ALCOHOL AND DRUG TESTING CONSISTENT WITH LINGUALINX'S POLICIES AND APPLICABLE FEDERAL, STATE AND LOCAL LAW.

IF EMPLOYED BY LINGUALINX, I UNDERSTAND AND AGREE THAT LINGUALINX, TO THE EXTENT PERMITTED BY FEDERAL, STATE AND LOCAL LAW MAY EXERCISE ITS RIGHT, WITHOUT PRIOR WARNING OR NOTICE, TO CONDUCT INVESTIGATIONS OF PROPERTY (INCLUDING BUT NOT LIMITED TO, FILES, LOCKERS, DESKS, VEHICLES, AND COMPUTERS) AND, IN CERTAIN CIRCUMSTANCES, MY PERSONAL PROPERTY.

I UNDERSTAND AND AGREE THAT AS A CONDITION OF EMPLOYMENT AND TO THE EXTENT PERMITTED BY FEDERAL, STATE AND LOCAL LAW, I MAY BE REQUIRED TO SIGN A CONFIDENTIALITY, RESTRICTIVE COVENANT, AND/OR CONFLICT OF INTEREST STATEMENT, AS WELL AS AN AGREEMENT TO ARBITRATE.

I CERTIFY THAT ALL THE INFORMATION ON THIS APPLICATION, MY RESUME, OR ANY SUPPORTING DOCUMENTS THAT I MAY PRESENT DURING MY INTERVIEW IS AND WILL BE COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION, OR OMISSION OF ANY INFORMATION MAY RESULT IN DISQUALIFICATION FROM CONSIDERATION FOR EMPLOYMENT OR, IF EMPLOYED, DISCIPLINARY ACTION, UP TO AND INCLUDING IMMEDIATE DISMISSAL.

LINGUALINX IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, LINGUALINX MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT (WRITTEN OR ORAL), SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF LINGUALINX IS AUTHORIZED TO ENTER INTO AN AGREEMENT – EXPRESSED OR IMPLIED – WITH ME OR ANY APPLICATION FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY DAVID SMITH, PRESIDENT & CEO OF LINGUALINX.

I AUTHORIZE LINGUALINX OR ITS AGENTS TO CONFIRM ALL STATEMENTS CONTAINED IN THIS APPLICATION AND/OR RESUME AS IT RELATES TO THE POSITION I AM SEEKING TO THE EXTENT PERMITTED BY FEDERAL, STATE AND LOCAL LAW. I AGREE TO COMPLETE ANY REQUISITE AUTHORIZATION FORMS FOR THE BACKGROUND INVESTIGATION WHICH MAY BE PERMITTED BY FEDERAL, STATE AND/OR LOCAL LAW.

IF APPLICABLE, I WILL RECEIVE SEPARATE WRITTEN NOTIFICATION REGARDING LINGUALINX'S INTENT TO OBTAIN "CONSUMER REPORTS".

I AUTHORIZE AND CONSENT TO, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THIS EMPLOYER TO FURNISH THE ABOVE MENTIONED INFORMATION. I HEREBY RELEASE, DISCHARGE, AND HOLD HARMLESS, TO THE EXTENT PERMITTED BY FEDERAL, STATE AND LOCAL LAW, ANY PARTY DELIVERING INFORMATION TO LINGUALINX OR ITS DULY AUTHORIZED REPRESENTATIVE PURSUANT TO THIS AUTHORIZATION FORM ANY LIABILITY, CLAIMS, CHARGES, OR CAUSES OF ACTION WHICH I MAY HAVE AS A RESULT OF THE DELIVERY OR DISCLOSURE OF THE ABOVE INFORMATION REQUESTED. I HEREBY RELEASE FROM LIABILITY LINGUALINX AND ITS REPRESENTATIVES FOR SEEKING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS, OR ORGANIZATIONS FURNISHING SUCH INFORMATION. FURTHER, IF HIRED, I AUTHORIZE LINGUALINX TO PROVIDE TRUTHFUL INFORMATION CONCERNING MY EMPLOYMENT TO FUTURE EMPLOYERS AND HOLD THE COMPANY HARMLESS FOR PROVIDING SUCH INFORMATION.

IF HIRED BY LINGUALINX, I UNDERSTAND THAT I WILL BE REQUIRED TO PROVIDE GENUINE DOCUMENTATION ESTABLISHING MY IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES. I ALSO UNDERSTAND THAT LINGUALINX EMPLOYS ONLY INDIVIDUALS WHO ARE LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES.

DISCLAIMER AND SIGNATURE

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE.

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