



**APPLICATION FOR
EMPLOYMENT**

VARIOUS LAWS PROHIBIT DISCRIMINATION BASED ON RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, ANCESTRY, AGE, DISABILITY OR MARITAL STATUS. MAXSENT IS AN EQUAL OPPORTUNITY EMPLOYER, AND YOUR RESPONSE TO ANY QUESTIONS WILL NOT BE USED AS A BASIS FOR DISCRIMINATION BUT WILL BE JUDGED BASED ON THE RELEVANCE FOR THE POSITION YOU ARE SEEKING.

Personal Information

Name (Last)			(First)			(Middle)		
Street Address			City		State		Zip	
Home Phone Number			Alternate Phone Number			Email Address		
Are you legally authorized to perform work in the United States? (circle one) Yes or No								

Desired Employment

Position applying for		FULL TIME PART TIME		Hours Desired		DAYS		NIGHTS	
Available start date				Do you have any family members employed by MaxSent?					
Have you worked for MaxSent previously? (circle one) Yes No				Do you have a contractual agreement that could potentially limit your employment with MaxSent?					

Skills

Do you presently hold a DOD/DOE Clearance? If yes, what level?

First Aid Certification? If yes, please list expiration.	CPR Certification? If yes, please list expiration?
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SECURITY LICENSES you presently hold, type of license, issuing state, and expiration date.

Education

SCHOOL	NAME OF SCHOOL	ADDRESS	MAJOR	Years Completed	Graduated? Circle One
High School					Y N
College					Y N
Business / Trade					Y N
Other					Y N

Employment History

List employment for the past five years starting with your most recent positions. Account for any time during this period that you were unemployed. Please indicate if you were employed under a different name. This section must be completed even if you are attaching a resume.

May we contact your present employer? (circle one) Yes or No May we contact your past employers? (Circle one) Yes or No

Dates	Name and Address of Employer	Position Held and Supervisor	Major Duties	Salary	Reason for Leaving
From: ____/____ Mo. Yr. To ____/____ Mo. Yr.	_____ Employer Name _____ Address	_____ Job Title _____ Supervisor			
From: ____/____ Mo. Yr. To ____/____ Mo. Yr.	_____ Employer Name _____ Address	_____ Job Title _____ Supervisor			
From: ____/____ Mo. Yr. To ____/____ Mo. Yr.	_____ Employer Name _____ Address	_____ Job Title _____ Supervisor			
From: ____/____ Mo. Yr. To ____/____ Mo. Yr.	_____ Employer Name _____ Address	_____ Job Title _____ Supervisor			

U.S. Military Service

Branch of Service	Years in Service	Specialization	Discharge Type	Rank

References

Name	Phone No.	Relationship	Title	Years Known

Have you ever been fired, terminated, or asked to resign from any employment? If yes, please identify the employer and explain basis for termination.

Please read carefully

I certify that all information I have provided in order to apply for and secure work with MaxSent is true, complete and accurate. I have not withheld any facts that might give MaxSent a reason not to hire me. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from MaxSent' service, whenever it is discovered. I understand that Max Sent will verify statements made by me in the application. I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not been notified by MaxSent and still wish to be considered for employment, it will be necessary for me to reapply and complete a new application. I understand that the federal government reserves the right to terminate or to refuse employment of any applicant or active employee working under any contract with MaxSent. I agree that, if I am employed, I will abide by all the rules and regulations of the company. I understand and agree that, if hired by MaxSent, my employment is at-will and that employment may be terminable at any time with or without cause, with or without prior notice, by either MaxSent or me. I further understand that although the terms and conditions of my employment with MaxSent may change, such changes will not affect the at-will employment relationship between me and MaxSent. I understand that this statement of the circumstances under which my employment can be terminated constitute the complete understanding between me and MaxSent. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of MaxSent is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by MaxSent' President. I understand that MaxSent has the right to search anything brought into the workplace, including desks, lockers, handbags, briefcases, and backpacks. I understand MaxSent company benefits and rules and regulations may be changed, modified, deleted or added to the company at my time at the company's sole option and without prior notice. I acknowledge and agree that, at any time I am subjected to any type of discrimination or harassment, I will contact MaxSent' Human Resources Manager or the President immediately to obtain assistance in the resolution of those matters. I agree that I will settle any and all claims, disputes or controversies arising out of or relating to my application or candidacy for employment, employment, or cessation of employment with the Company, exclusively by final and binding arbitration before a neutral Arbitrator under the American Arbitration Association' s "National Rules for the Resolution of Employment Disputes". By way of example only, such claims include claims under federal, state, and local statutory or common law, the law of contract, and the law of tort.

Applicant's Signature

Date Signed