

INVOCON, INC.

APPLICATION FOR EMPLOYMENT

Date _____ Date Available for Work _____

All questions must be answered carefully and completely. If you have a current resume, please attach it to this application. PLEASE TYPE OR PRINT. Attach additional pages, if necessary.

Name Mr. Ms. _____
LAST FIRST MIDDLE

Current Address: _____
STREET CITY STATE & ZIP CODE

Permanent Address _____
STREET CITY STATE & ZIP CODE

Phone No. _____

Do you have legal authorization to work and remain in the U.S.? _____ YES _____ NO
 Will you now or in the future require sponsorship for employment visa status (e.g. H-1B)?" _____ YES _____ NO

EMPLOYMENT DESIRED

POSITION	SALARY EXPECTATION
ARE YOU EMPLOYED NOW?	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?	WHERE? WHEN?

EDUCATION

Name & Location of School	Major Course or Subject	Circle Last Year Completed	Dates of Attendance	Degree	GPA
Trade, Business or Correspondence School		1 2 3 4			
College		1 2 3 4			
Graduate Work		1 2 3 4			

GENERAL

If you did not graduate, why and when did you leave school or college?

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY?	READ WRITE
U.S. MILITARY OR NAVAL SERVICE? RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

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EMPLOYMENT RECORD

Starting with PRESENT or most RECENT job, list all previous employers. Include self-employment, military service, summer, and part-time jobs. If you need more space, continue on a separate sheet.

PRESENT/PREVIOUS EMPLOYER	DATES (mo/yr) & SALARY	POSITION & DUTIES
Company Name	From \$	
Street Address	To \$	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
City, State, ZIP	Telephone Number	Name & Title of Supervisor
Reason for leaving		
PRESENT/PREVIOUS EMPLOYER	DATES (mo/yr) & SALARY	POSITION & DUTIES
Company Name	From \$	
Street Address	To \$	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
City, State, ZIP	Telephone Number	Name & Title of Supervisor
Reason for leaving		
PRESENT/PREVIOUS EMPLOYER	DATES (mo/yr) & SALARY	POSITION & DUTIES
Company Name	From \$	
Street Address	To \$	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
City, State, ZIP	Telephone Number	Name & Title of Supervisor
Reason for leaving		

If presently employed, why do you wish to change position? _____

Account for all periods of unemployment of 1 month duration or more since you left school until the present time.

FROM	TO	STATE WHAT YOU WERE DOING
Mo./Yr.	Mo./Yr.	
Mo./Yr.	Mo./Yr.	
Mo./Yr.	Mo./Yr.	
Mo./Yr.	Mo./Yr.	

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REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS *NOT RELATED TO YOU*, WHOM YOU HAVE KNOWN AT LEAST FOUR YEARS (Student applicants at least 2 years).

NAME AND TITLE OR OCCUPATION	PHONE & ADDRESS	BUSINESS	YEARS KNOWN
1			
2			
3			

Optional: Please use the back side of this page to describe any additional experiences (education, work, personal, etc.) which you feel will provide us insight.

PLEASE READ CAREFULLY BEFORE SIGNING BELOW:

PRE –EMPLOYMENT STATEMENT

Unless indicated elsewhere in this application, I authorize investigation by the Company or its agent of all statements contained in this application. I hereby authorize any persons or concerns to furnish information in their possession concerning any of the information I have provided in this application and release such persons or concerns from any and all liability arising therefrom. I understand that misrepresentation or omission of facts called for is cause for cancellation of this application and/or termination of employment from Invocon, Inc. should I be hired.

I understand and agree as a term and condition of employment by the Company that no assignment of salary, wages or other compensation, or any part thereof, will be binding upon the Company unless such assignment is accepted in writing on behalf of the Company by its duly appointed representative.

I also understand and agree that any employment with Invocon, Inc. is at will and is for no definite period and may, regardless of the date of payment of my salary and wages, be terminated at any time either by myself or Invocon, with or without cause or reason.

I additionally authorize the Company to deduct advances, charges for personal purchases on Company accounts, and other amounts owed Invocon, Inc. from salary either during employment, or from termination pay.

DATE

SIGNATURE

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Additional Comments: