



Account Control Technology, Inc.

Employee Application

ACT is concerned about violence in the workplace, falsified employment applications, and employee theft; therefore, ACT will conduct a full background check on all candidates for employment. The application must be filled out completely in order to be considered. Please sign and complete all notification forms.

INTRODUCTORY INFORMATION:

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Have you ever used another name? _____ If yes, please list: _____

Please list all cities and corresponding state you have lived in during the past 7 years:

1) _____ 2) _____ 3) _____

4) _____ 5) _____ 6) _____

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APPLICANT QUESTIONS:

Position desired: _____ Salary desired: _____ Date available: _____

Are you available to work on weekend? Yes No Would you be able to work overtime? Yes No

Have you ever applied to this company before? Yes No If yes, when? _____

Do you have any friends or relatives working for our company? Yes No If yes, please state name(s) and relationship(s):

If hired, can you provide documents required to establish your eligibility to work in the U.S.? Yes No

Are you 18 years of age or older? Yes No If hired, do you have a valid driver's license? Yes No

EDUCATION:

High School or last grade completed:

Name & address of school: _____

Course of study: _____ Number of years completed: _____

Degree/Diploma: _____

College, Technical School or Other Training:

Name & address of school: _____

Course of study: _____ Number of years completed: _____

Degree/Diploma: _____

Do you have any other experience, training, qualifications or skills that you feel make you especially suited to work at our company?

Yes No If yes, please list: _____

Please describe any other skills that you have in detail: _____

MILITARY EXPERIENCE:

Branch of service: _____ From: _____ To: _____

Rank/Type of service: _____

Present membership in National Guard or Reserves: _____

Special training/experience: _____

RECORD OF EMPLOYMENT:

List positions starting with most recent:

Employer: _____ Telephone: _____

Address: _____

Position title: _____ Supervisor: _____

Start date: _____ Date Left: _____ Beginning salary: _____ Ending salary: _____

Duties: _____

Reason for leaving: _____

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Employer: _____ Telephone: _____
Address: _____
Position title: _____ Supervisor: _____
Start date: _____ Date Left: _____ Beginning salary: _____ Ending salary: _____
Duties: _____
Reason for leaving: _____

Employer: _____ Telephone: _____
Address: _____
Position title: _____ Supervisor: _____
Start date: _____ Date Left: _____ Beginning salary: _____ Ending salary: _____
Duties: _____
Reason for leaving: _____

UNEMPLOYMENT HISTORY:

Please account for any time(s) you were not employed in the last 10 years, after leaving school.

Time Period

WORK-RELATED REFERENCES: (Do not include relatives)

<u><i>Name</i></u>	<u><i>Occupation</i></u>	<u><i>Years Known</i></u>	<u><i>Contact Information</i></u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

HIRING SURVEY: How did you hear about ACT's job opportunities? _____

PLEASE ANSWER ACCURATELY – WE CONDUCT FULL BACKGROUND CHECKS ON ALL CANDIDATES

Have you in the last seven years, under your name or another name, been convicted of (or pleaded guilty or nolo contendere to) a Felony or Misdemeanor? Yes No If yes, please describe: _____

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation?
 Yes No

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NOTIFICATION and AUTHORIZATION TO OBTAIN INFORMATION

Please read each statement carefully, initial each paragraph, and then sign below

I authorize the Company to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Company, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, personal references, supervisors and firms named to provide any requested information required in order to determine my eligibility for employment with ACT, and I release them from all liability for providing the requested information.

Initials _____

I understand that, if hired, I may not hold other employment or engage in other activities that create a conflict of interest with my position with the company unless I have been given permission in writing by the company.

Initials _____

I understand that the Company is committed to providing a drug and alcohol free workplace and that the company tests all applicants who may receive job offers from the Company for drugs and alcohol at the Company's expense as a condition of employment and may conduct other drug and alcohol testing under circumstances they deem necessary. I understand any offer for employment will be conditional upon my taking and passing a post-offer / pre-employment drug and alcohol test. I further understand that if I pass such pre-employment drug and/or alcohol test and become employed by the Company that I may be subject to subsequent drug and/or alcohol testing under any condition the Company deems necessary. I agree that I may refuse to take the test, but that if I do so the Company may in its sole discretion deny me employment or terminate my employment immediately for such refusal.

Initials _____

I agree to immediately notify the company if I should be convicted of a crime while my job application is pending, or during my employment if hired. If I become employed, in consideration of my employment, I agree to comply with the rules, regulations, policies and procedures of the company.

Initials _____

I understand and agree that employment with ACT, Inc. is an at-will employer, meaning that I or the Company may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

Initials _____

I acknowledge that the Company promotes a voluntary system of alternative dispute resolution, which involves binding arbitration to resolve all disputes which may arise out of the employment context. Because of mutual benefits (such as reduced expense and increased efficiency) which private binding arbitration can provide both the Company and myself, I VOLUNTARILY AGREE that any claim, dispute, and/or controversy (including, but not limited to, any claims of discrimination and harassment, whether they be based on any state and federal laws or regulations) which would otherwise require or allow resort to any court or other governmental dispute resolution forum between myself and the Company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Company, whether based on tort, contract, statutory, or equitable law, or otherwise, shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act. As reasonably required to allow full use and benefit of this agreement's modifications to the ACT's procedures, the arbitrator shall extend the times set by the Action for the giving of notices and setting hearings. Awards shall include the arbitrator's written reasoned opinion and, at either party's written request within 10 days after issuance of the award, shall be subject to affirmation, reversal, or modification, following a review of the record and arguments of the parties by a second arbitrator who shall, as far as practicable, proceed according to the law and procedures applicable to appellate review by the State Court of Appeal of a civil judgment following court trial. Should any term or provision, or portion thereof, be declared void or unenforceable, it shall be severed and the remainder of this agreement shall be enforceable. I UNDERSTAND BY VOLUNTARILY AGREEING TO THIS BINDING ARBITRATION PROVISION, BOTH I AND THE COMPANY GIVE UP OUR RIGHTS TO A TRIAL BY JURY.

Initials _____

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

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

ACT is an equal opportunity employer. It is the policy of this company to consider all job applications on the basis of merit without regard to race, color, religion, sex, pregnancy, age, national origin, ancestry, marital status, veteran status, disability, medical condition, or any other characteristic protected by law.