

DARE Electronics, Inc.
APPLICATION FOR EMPLOYMENT
(Continued)

EMPLOYMENT HISTORY - List below your most recent employers, starting with the most recent one first.

Dates Month/Year	Employer's Name and Address	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

REFERENCES

List below three persons not related to you whom you have known at least 1 year.

Name: _____ Phone Number: _____ Years Acquainted: _____

Address: _____ Relationship/Position: _____

Name: _____ Phone Number: _____ Years Acquainted: _____

Address: _____ Relationship/Position: _____

Name: _____ Phone Number: _____ Years Acquainted: _____

Address: _____ Relationship/Position: _____

AUTHORIZATION - Read Carefully

I authorize the investigation of all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without cause and without any previous notice.

I agree that any claim or lawsuit relating to my employment with the Company or any of its subsidiaries must be filed no more than six (6) months after the date of employment action that is the subject of the claim or lawsuit. I expressly waive any statute of limitations to the contrary. **READ, UNDERSTOOD AND AGREED.**

Signature _____ Date _____

DARE ELECTRONICS, INC.
3245 South County Rd. 25A Troy, Ohio 45373
(937) 335-0031

ATTACHMENT
TO
EMPLOYMENT APPLICATION

Name (Please PRINT): _____

I understand that if I am employed by the Company,

- I will be required, under the Immigration Reform and Control Act, to complete section one of Form I-9 (Employment Eligibility Verification) and to present originals of certain documents, within three business days of being hired, to the Company for examination to establish both my identity and eligibility for employment; and
- it will be for an evaluation period of 90 days and that during this period, I will not be eligible for any benefits, and further, that my employment and compensation may be terminated at any time during this period or prior to completion of this period without notice; and
- that after this evaluation, my employment can also be terminated at will for any reason or no reason at the option of the Company or myself with or without notice.

I also understand that no manager or representative of the Company, other than the President of the Company has any authority to enter into an agreement for employment for any specified period of time, future changes in your wage rate, working hours, and other terms of your employment, or to make any agreement contrary to the foregoing; and that any such authorized agreement must then be in writing and signed by the President of the Company to become effective.

In consideration of my employment, I understand that a drug screening and a background check will be performed and are required for employment and I agree to conform to the rules and regulations of the Company.

Signed: _____ Date: _____