## DARE Electronics, Inc. APPLICATION FOR EMPLOYMENT

In compliance with Federal laws that prohibit both medical and recreational drug-use, DARE Electronics Inc. maintains a DRUG-FREE WORKPLACE and is an equal opportunity employer. All suitably qualified candidates will be considered without regard to race, color, age, sex, religion, marital status, military/veteran status, handicap, national origin or other protected categories in compliance with Federal and State laws.

All applicants will be required to pass a drug screening test as a condition of employment.

All applicants will be required to pass a drug screening test as a condition of employment. PERSONAL INFORMATION (\*\*\*\*\*\*\*\* NOTE: This application becomes VOID after 90 days \*\*\*\*\*\*\*\*) LAST NAME FIRST NAME **MIDDLE** PHONE NUMBER **CURRENT STREET ADDRESS** ZIP **EMAIL ADDRESS** CITY, STATE To be provided upon request PREVIOUS STREET ADDRESS CITY, ZIP SOCIAL SECURITY NO. **STATE** (If current address is less than 5 years) Referred By: Name Relationship  $\square$  YES  $\square$  NO Are you legally able to work in the United States?  $\square$  YES  $\square$  NO Are you 18 yrs. of age or older? Have you ever applied to this company before?  $\square$  YES NO If yes, when? Have you ever been convicted of a felony? 

YES NO If yes, explain \_\_\_\_\_\_ EMPLOYMENT DESIRED Position applying for: Date Available: Salary Desired: Are you applying for a  $\square$  full time or  $\square$  part time position? Are you employed now?  $\square$  YES  $\square$  NO If yes, may we contact your employer as a reference?  $\square$  YES  $\square$  NO **EDUCATION** # of Years SUBJECTS STUDIED NAME AND LOCATION OF SCHOOL Completed AND DEGREE(S) RECEIVED High School College Trade, Business or Correspondence School **GENERAL** Subjects of Special Study or Research Work:

Job Related Skills (Computer Skills, etc.):

national origin of its members):

Civic, Athletic, Other Activities (Exclude religious activities and the names of organizations which indicate the race, sex, color or

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(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:	una / radicos	Surary	Tosition	Reason for Beaving
To:				
From:				
To:				
From:				
To:				
From:				
То:				
From:				
To:				
From:				
To:				
REFERENCES				
List below three persons	s not related to you whom you ha	ve 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:		
<u>AUTHORIZATIO</u>	N - Read Carefully			
cause for dismissal. Fur	tion of all statements contained in ther, I understand and agree that in nd salary, be terminated at any tin	my employment is for no	definite period and	
(6) months after the date		e subject of the claim or l		ries must be filed no more than six waive any statute of limitations to
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 I-9 (Employment Eligibility Verification) and to present originals of certain documents, within business days of being hired, to the Company for examination to establish both my identity and for employment; and	three
• it will be for an evaluation period of 90 days and that during this period, I will not be eligible for benefits, and further, that my employment and compensation may be terminated at any time duperiod 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 reoption of the Company or myself with or without notice.	ason at the
I also understand that no manager or representative of the Company, other than the President of the Coany authority to enter into an agreement for employment for any specified period of time, future change wage rate, working hours, and other terms of your employment, or to make any agreement contrary to foregoing; and that any such authorized agreement must then be in writing and signed by the President Company to become effective.	ges in your the
In consideration of my employment, I understand that a drug screening and a background check will be and are required for employment and I agree to conform to the rules and regulations of the Company.	e performed
Signed: Date:	