

Arimon Technologies Employment Application

Arimon Technologies is an Equal Opportunity Employer. Please complete this entire application to be considered for a position.

		Appl	lican	t Informatio	on				
Full Name:				Date:					
	Last	First				M.I.			
Are there other names under which you have worked or attended school?		YES NO		If yes, please I	ist:				
Address:									
	Street Address						Apartme	nt/Unit #	
	City					State	ZIP Code		
Phone:				Email					
Date Available: Socia		cial Security No.:_				Desired	Wage: \$		
Position Applied for:		P		Part-Time or Full-Time?					
Are you a citi	izen of the United States?	YES	NO	If no, are you	auth	norized to work in th	e U.S.?	YES	NO
Have you eve	YES	NO	If yes, when?	-					
Have you ever applied at this company?		YES	NO	If yes, when?	-				
Have you eve	er been convicted of a felony?	YES	NO	If yes, explain	1) na	ture of crime and 2) o	late of convict	ion belov	N.
How were yo	ou referred to the company?	Newspa	iper	Walk-in		Friend Other			
			Ed	ucation					
High School:			Addre	ess:					
From:	To:	Did you gra	adua	YES te?	NO	Diploma:			
College:			Addre	ess:					
From:	To:	Did you gra	adua		NO	Degree:			
Other:			Addre	ess:					
From:	To:	Did you gra	aduat		NO	Degree:			

	Previous Employment (start with most recent and use a separa	te sheet if necessary)
Company:		Phone:
Address:		Supervisor:
Job Title:	Starting Salary: \$	Ending Salary: <u>\$</u>
Responsibilitie	es:	
From:	To: Reason for Leaving:	
May we conta	YES NO act your previous supervisor for a reference?	
Company:		Phone:
Address:		Supervisor:
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilitie	es:	
From:	To: Reason for Leaving:	
Company:		Phone:
Address:		Supervisor:
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilitie	es:	
From:	To: Reason for Leaving:	
	Professional References	
Please list thi	ree professional references.	
Full Name:		Relationship:
Company:		Phone:
Address:		
Full Name:		Relationship:
Company:		Phone:
Address:		
Full Name:		Relationship:
Company:		Phone:
Address:		

			Training	Courses			
Ple	ase list any rele	vant training programs com	pleted.				
Co	urse/Seminar	Sponsoring Organization	Content			Date(s) Attended	
		D	river's License	(s) Information			
If y	ou have a currer	nt, valid driver's license, pleaso	e state your:	State:	License #:		
			Disclaimer ar	nd Signature			
			Distrainier an	ia eignatare			
1.	. All information contained in this application is true and correct to the best of my knowledge and belief. I understand the misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if am hired.						
2.	any individual provided and, employment.	e company to investigate my Is familiar with me or my e Yor for the purpose of obta I voluntarily and knowingly ertaining to me or my emplo	mployment baci ining any inforr r fully release a	kground for the purp mation, whether favo	ose of verifying ai orable or unfavora	ny information I have ble, about me or my	
3.	I understand that pre-employment drug screening is required prior to being offered a position at the company.						
4.	I. I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company and then only be means of a signed, written document.						

Thank you for your interest in our company!

Date:

Applicant Signature:

Arimon Technologies, Incorporated.