



PERSONAL

LAST NAME		FIRST NAME		MIDDLE NAME	
PRIMARY ADDRESS			CITY AND STATE		ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM PRIMARY ADDRESS)			CITY AND STATE		ZIP CODE
SOCIAL SECURITY NUMBER	HOME PHONE	BUSINESS PHONE	CELL PHONE		
IN CASE OF EMERGENCY, NOTIFY:	HOME PHONE	BUSINESS PHONE	CELL PHONE		
ARE YOU 18 YEARS OF AGE OR OLDER?	OTHER NAMES UNDER WHICH YOU HAVE BEEN EMPLOYED OR ATTENDED SCHOOL				
E-MAIL ADDRESS					
IF HIRED, CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR YOUR LEGAL AUTHORIZATION TO WORK IN THE U.S. AT THE PRESENT TIME?					
DRIVERS LICENSE NUMBER	STATE	TYPE OF EMPLOYMENT DESIRED (PLEASE CIRCLE ONE):			
		FULL TIME	PART-TIME	TEMPORARY	INTERN
POSITION APPLYING FOR	CURRENT SALARY	SALARY EXPECTED	DATE AVAILABLE		
<p>HAVE YOU EVER BEEN CONVICTED OF ANY FELONY OR MISDEMEANOR CRIMES OR ARE YOU PENDING TRIAL FOR ANY MISDEMEANOR OR FELONY OFFENSES? IF YES, PLEASE LIST DATES, LOCATIONS, CHARGES, AND DISPOSITIONS. CONVICTIONS FOR MARIJUANA-RELATED OFFENSES THAT ARE MORE THAN TWO YEARS OLD NEED NOT BE LISTED. ATTACH A SEPARATE SHEET IF NECESSARY.</p> <input type="checkbox"/> YES <input type="checkbox"/> NO (Note: A conviction or current arrest that is disclosed here is NOT an automatic disqualification from employment.)					
<p>ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMODATIONS? IF NO, DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED.</p> <input type="checkbox"/> YES <input type="checkbox"/> NO (Note: We comply with the American with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and skill and agility tests.)					

GENERAL INFORMATION

HAVE YOU APPLIED FOR A POSITION AT ERGUR. BEFORE? IF YES, GIVE DATE(S) AND POSITION(S) APPLIED FOR	HAVE YOU EVER BEEN EMPLOYED AT ERGUR BEFORE? IF YES, GIVE DATE(S) AND POSITION(S)
HOW DID YOU HEAR ABOUT ERGUR (E.G., WEBSITE, ADVERTISEMENT, JOB FAIR, ETC.)? IF REFERRED BY A ERGUR EMPLOYEE, PLEASE LIST HIS/HER NAME	
NAMES OF RELATIVES EMPLOYED AT ERGUR AND RELATIONSHIP	

EMPLOYMENT HISTORY

NOTE: YOUR CURRENT EMPLOYER WILL BE CONTACTED UNLESS YOU OTHERWISE SPECIFY UNDER # 1. ERGUR MAY CONTACT ALL PREVIOUS EMPLOYERS.

PLEASE LIST LAST THREE EMPLOYERS, INCLUDING ANY MILITARY EXPERIENCE, OR GO BACK 10 YEARS. ATTACH A SEPARATE SHEET IF NECESSARY. EXPLAIN ANY GAPS IN EMPLOYMENT IN SECTION ON A SEPARATE PAGE.

MOST RECENT EMPLOYMENT

NAME AND LOCATION OF ORGANIZATION (STREET, CITY, STATE, ZIP)		START DATE (MO./YR.)	END DATE (MO./YR.)
TITLE	PRESENT OR ENDING BASE SALARY	STARTING BASE SALARY	DATE OF LAST SALARY INCREASE
TYPE, AMOUNT, AND FREQUENCY OF ANY OTHER COMPENSATION (E.G., BONUS, COMMISSIONS, STOCK OPTIONS, PROFIT SHARING, ETC.)			
BRIEFLY DESCRIBE YOUR PRIMARY ASSIGNMENTS AND RESPONSIBILITIES			
REASON FOR LEAVING		MAY WE CONTACT YOUR EMPLOYER? PLEASE STATE YES OR NO.	
SUPERVISOR'S NAME, TITLE, PHONE NUMBER, AND E-MAIL ADDRESS			

PREVIOUS EMPLOYMENT

NAME AND LOCATION OF ORGANIZATION (STREET, CITY, STATE, ZIP)		START DATE (MO./YR.)	END DATE (MO./YR.)
TITLE	PRESENT OR ENDING BASE SALARY	STARTING BASE SALARY	DATE OF LAST SALARY INCREASE
TYPE, AMOUNT, AND FREQUENCY OF ANY OTHER COMPENSATION (E.G., BONUS, COMMISSIONS, STOCK OPTIONS, PROFIT SHARING, ETC.)			
BRIEFLY DESCRIBE YOUR PRIMARY ASSIGNMENTS AND RESPONSIBILITIES			
REASON FOR LEAVING		MAY WE CONTACT YOUR EMPLOYER? PLEASE STATE YES OR NO.	
SUPERVISOR'S NAME, TITLE, PHONE NUMBER, AND E-MAIL ADDRESS			

PREVIOUS EMPLOYMENT

NAME AND LOCATION OF ORGANIZATION (STREET, CITY, STATE, ZIP)		START DATE (MO./YR.)	END DATE (MO./YR.)
TITLE	PRESENT OR ENDING BASE SALARY	STARTING BASE SALARY	DATE OF LAST SALARY INCREASE
TYPE, AMOUNT, AND FREQUENCY OF ANY OTHER COMPENSATION (E.G., BONUS, COMMISSIONS, STOCK OPTIONS, PROFIT SHARING, ETC.)			
BRIEFLY DESCRIBE YOUR PRIMARY ASSIGNMENTS AND RESPONSIBILITIES			
REASON FOR LEAVING		MAY WE CONTACT YOUR EMPLOYER? PLEASE STATE YES OR NO.	
SUPERVISOR'S NAME, TITLE, PHONE NUMBER, AND E-MAIL ADDRESS			

EDUCATION

SCHOOL/INSTITUTION	LOCATION (CITY, STATE, COUNTRY)	DID YOU GRADUATE? YES/NO	DEGREE (S) RECEIVED AND DATE DEGREE(S) RECEIVED
COLLEGE OR UNIVERSITY			
MASTER THESIS			
DOCTORAL DISSERTATION			
TECHNICAL SCHOOL, TRADE, OR BUSINESS COLLEGE			

REFERENCES

NOTE: PLEASE DO NOT INCLUDE NAMES OF RELATIVES OR PERSONS WITH WHOM YOU LIVE. INCLUDE AT LEAST ONE REFERENCE FROM A FORMER MANAGER/SUPERVISOR.

NAME	TITLE	PHONE NUMBER & E-MAIL ADDRESS	
ADDRESS (INCLUDING NAME OF ORGANIZATION)		CITY AND STATE	ZIP CODE

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ADDRESS (INCLUDING NAME OF ORGANIZATION)		CITY AND STATE	ZIP CODE

CERTIFICATION

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING THIS APPLICATION.

I hereby certify that I, the undersigned applicant, personally completed this entire application.

I certify that any and all statements made by me on this application, my resume, and/or any supplemental information provided by me, are true and correct. I further certify that I have not knowingly withheld any information that might adversely affect my chances for employment at ERGUR. I understand that any employment at ERGUR will be, and will remain contingent upon, the accuracy of the information and statements contained in this application, my resume, any interviews, and/or any other information provided by me. I understand that any falsification, omission, or misstatement of material fact made by me in connection with my employment at ERGUR, whether in writing or verbally, shall be grounds for rejection of this application or for immediate discharge if I am hired by ERGUR, regardless of the time elapsed before discovery. ERGUR will not incur any liabilities in such an event.

I authorize ERGUR to investigate my background, including my references, work record, education, credit history, and any other matters related to my suitability for employment, and I authorize the references that I have listed to disclose to ERGUR any and all letters, reports, and other information related to my employment records without giving me prior notice of such disclosures. I hereby release ERGUR., my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of, or in any way related to, such investigations or disclosures.

I understand and agree that nothing contained in this application or conveyed during any interviews or during my employment if I am hired is intended to create an employment contract between ERGUR and me. Moreover, I understand that if I am employed by ERGUR, my employment is at will and may be terminated at any time, with or without cause or prior notice, at the option of either party. No promises or representations contrary to the foregoing are binding on ERGUR and that this term and condition of my employment can be changed only in a written agreement entered into for that purpose and signed by the designated representative of ERGUR and me.

Although management makes every effort to accommodate individual preference, business needs may at times make the following conditions mandatory: overtime, shift work, or a work schedule other than Monday through Friday. I understand and accept these conditions of my continuing employment.

If employed, I will sign an employee agreement entitled "Confidential Information, Invention Assignment, and Arbitration Agreement" (the "Employee Agreement"), in which I will agree to protect ERGUR' confidential information and will agree not to disclose to ERGUR any confidential information received by me from others. The Employee Agreement also sets forth the conditions under which I assign ERGUR the entire right, title, and interest in certain ideas, inventions, and other intellectual property developed while in ERGUR' employ. (I understand that I may obtain now or at any time before my employment, upon request, a blank copy of this document).

I HAVE READ THE ABOVE PARAGRAPHS, UNDERSTAND THEIR IMPORTANCE AND EFFECT UPON MY EMPLOYMENT AND ACCEPT THE SAME AS CONDITIONS OF MY EMPLOYMENT BY ERGUR

Signature of Applicant

Date of Application

At ERGUR, we are committed to providing equal opportunity for all.