



Employment Application

All applicants will be required to pass a drug screen as a condition of employment.
 PRINT OR TYPE ALL ANSWERS IN FULL. NOT DOING SO WILL CAUSE YOUR APPLICATION TO BE REJECTED.

Personal Identification

Position Applying For _____ Date _____

Name: Last _____ First _____ Middle _____

Social Security Number _____ Telephone Number _____

Address: _____ City _____ State _____ Zip _____

When Can You Be Reached At Above Telephone _____ Other Phone # _____

In case of emergency, notify: _____ Address _____ Telephone _____

Expected Wage _____ When can you start? _____

Check the days you are available for employment: M Tu W Th F Sat All Days

Type of Work: Part Time Full Time Temporary or Short Term Long Term

Available Evenings: Yes No Available Nights: Yes No Available to work out of town/overnight: Yes No

I have a dependable vehicle available at all times and am able to drive myself from job site to job site at any time. Yes No

Are you presently 18 years or older? Yes No I am able to legally work in the United States. Yes No

Have you been convicted of a crime other than a minor traffic violation or been released from a prison or other detention facility within the past seven years? NOTE: A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date and the job for which you are applying will also be considered. If yes, please explain below. Yes No

SCHOOL	NAME AND LOCATION	MAJOR
High School		
*Vocational School		
College/University		
Other		

**Please attach transcripts*

List all special training, skills, and work-related experience: _____

Languages: _____

Molecular Coatings, Inc.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of non-job-related medical conditions or handicaps.

EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY

EMPLOYER:

ADDRESS:

TELEPHONE:

Position/Duties:

Date Started: _____

Starting Salary/Wage: _____

Date Left: _____

Final Salary/Wage: _____

Name of Supervisor:

Reason for Leaving:

EMPLOYER:

ADDRESS:

TELEPHONE:

Position/Duties:

Date Started: _____

Starting Salary/Wage: _____

Date Left: _____

Final Salary/Wage: _____

Name of Supervisor:

Reason for Leaving:

EMPLOYER:

ADDRESS:

TELEPHONE:

Position/Duties:

Date Started: _____

Starting Salary/Wage: _____

Date Left: _____

Final Salary/Wage: _____

Name of Supervisor:

Reason for Leaving:

Certificate of Applicant - Read Carefully Before Signing

I hereby state that information given by me in this application is true in all respects. I understand that if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employers to release information pertaining to my work record, my work habits, and my work performance while in their employ. I understand and agree that any employee handbook which I may receive will not constitute an employment contract, but will be merely a gratuitous statement of most of Molecular Coatings, Inc.'s current related policies. I understand that Molecular Coatings, Inc. may require a medical examination to determine if an employee is capable of performing the essential elements of the job. I understand the use of illegal drugs is prohibited during employment with this company and that Molecular Coatings, Inc. reserves the right to test for the presence of illegal drugs at any time. I understand that if the test results are positive for the presence of any illegal drugs, that I will face corrective action up to and including discharge. Molecular Coatings, Inc. can require its employees to submit to blood tests or urinalyses for alcohol or drug screens, fingerprint background checks, credit history checks, inspection of bags (including purses or briefcases) or parcels brought into or taken out of Molecular Coatings, Inc.'s place of business. I understand that refusal to submit to a urinalysis, fingerprint background check, blood test or search, when requested to do so, may result in termination of my employment.

I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY MOLECULAR COATINGS, INC., MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM, AND THAT EITHER I, OR MOLECULAR COATINGS, INC. WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANYTIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I UNDERSTAND THAT IF I VOLUNTARILY TERMINATE MY EMPLOYMENT WITHOUT NOTICE, SUCH ACTION MAY AFFECT MOLECULAR COATINGS, INC.'S WILLINGNESS TO PROVIDE STATEMENTS OF REFERENCE TO OTHERS CONCERNING MY WORK PERFORMANCE AND HABITS BEYOND A SIMPLE STATEMENT VERIFYING MY EMPLOYMENT. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE ADMINISTRATOR OF MOLECULAR COATINGS, INC.

Date _____

Signature _____