



180 N. Dunbarton Drive Florence, SC 29501

AN EQUAL OPPORTUNITY EMPLOYER AND A DRUG FREE WORKPLACE

It is the policy of ACS Technologies to provide employment opportunities without regard to race, color, religion, sex, national origin, age, handicap, or veteran status.

APPLICATION FOR EMPLOYMENT

IMPORTANT: Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

PLEASE PRINT

PERSONAL DATA

FIRST NAME MIDDLE LAST SOCIAL SECURITY NUMBER

PRESENT ADDRESS IN FULL CITY STATE ZIP

() TELEPHONE NUMBER EMERGENCY CONTACT RELATIONSHIP () TELEPHONE NUMBER

ARE YOU 18 YEARS OLD OR OLDER? Yes No

DO YOU HAVE A VALID DRIVERS LICENSE? Yes No LICENSE NUMBER: STATE: EXPIRATION DATE:

HAVE YOU EVER BEEN CONVICTED OF OR SENTENCED FOR ANY VIOLATION OF THE LAW? Yes No

IF YES, GIVE FULL PARTICULARS ON A SEPARATE PAGE. (THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT):

POSITION INFORMATION

POSITION APPLIED FOR:

ARE YOU ABLE TO WORK ANY SHIFT, INCLUDING NIGHTS AND WEEKENDS? Yes No

HOW SOON FOLLOWING NOTIFICATION CAN YOU REPORT FOR EMPLOYMENT?

HAVE YOU EVER BEEN EMPLOYED BY ACS TECHNOLOGIES IN THE PAST? Yes No

IF YES, WHEN? POSITION?

ARE ANY RELATIVES, INCLUDING IN-LAWS, CURRENTLY EMPLOYED AT THE COMPANY? Yes No

IF YES, GIVE NAME, RELATIONSHIP, AND POSITION:

HAVE YOU EVER PREVIOUSLY APPLIED FOR EMPLOYMENT AT THE COMPANY? Yes No

IF YES, WHEN? (MO.) (YR.)

EDUCATION

HIGH SCHOOL ATTENDED/complete address

ATTENDED FROM ____/____/____ TO ____/____/____

GRADUATED? Yes No

COLLEGE - UNIVERSITY - TECHNICAL SCHOOL/complete address

ATTENDED FROM ____/____/____ TO ____/____/____

GRADUATED? Yes No

MAJOR _____

DEGREE RECEIVED _____

LIST ANY SCHOLARSHIPS, ACADEMIC HONORS, AWARDS OR SPECIAL ACHIEVEMENTS:

EMPLOYMENT HISTORY

IMPORTANT! STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST IN CONSECUTIVE ORDER ALL EMPLOYMENT AND PERIODS OF UNEMPLOYMENT SINCE YOU GRADUATED FROM OR LAST ATTENDED HIGH SCHOOL. ADDITIONAL EMPLOYMENT MAY BE LISTED ON A SEPARATE PAGE(S) IF NECESSARY. SALARY HISTORY IS REQUIRED AND CANNOT BE OMITTED.

PRESENT OR MOST RECENT EMPLOYER

| | | | |
|----------------------------|------------|-------------------------------|----------|
| FULL NAME OF COMPANY | | DATES OF EMPLOYMENT - FROM/TO | |
| STREET ADDRESS | CITY | STATE | ZIP CODE |
| NAME & TITLE OF SUPERVISOR | | TELEPHONE NUMBER | |
| TITLE OF YOUR POSITION | DEPARTMENT | SALARY | |
| DUTIES | | | |
| REASON FOR LEAVING | | | |

PREVIOUS EMPLOYER

| | | | |
|----------------------------|------------|-------------------------------|----------|
| FULL NAME OF COMPANY | | DATES OF EMPLOYMENT - FROM/TO | |
| STREET ADDRESS | CITY | STATE | ZIP CODE |
| NAME & TITLE OF SUPERVISOR | | TELEPHONE NUMBER | |
| TITLE OF YOUR POSITION | DEPARTMENT | SALARY | |
| DUTIES | | | |
| REASON FOR LEAVING | | | |

PREVIOUS EMPLOYER

| | | | |
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| FULL NAME OF COMPANY | | DATES OF EMPLOYMENT - FROM/TO | |
| STREET ADDRESS | CITY | STATE | ZIP CODE |
| NAME & TITLE OF SUPERVISOR | | TELEPHONE | |
| TITLE OF YOUR POSITION | DEPARTMENT | SALARY | |
| DUTIES | | | |
| REASON FOR LEAVING | | | |

PREVIOUS EMPLOYER

| | | | |
|----------------------------|------------|-------------------------------|----------|
| FULL NAME OF COMPANY | | DATES OF EMPLOYMENT - FROM/TO | |
| STREET ADDRESS | CITY | STATE | ZIP CODE |
| NAME & TITLE OF SUPERVISOR | | TELEPHONE NUMBER | |
| TITLE OF YOUR POSITION | DEPARTMENT | SALARY | |
| DUTIES | | | |
| REASON FOR LEAVING | | | |

SKILLS

TYPING SPEED (WORDS/MINUTE) _____ SHORTHAND (WORDS/MINUTE) _____

COMPUTER PROGRAMS USED _____

INDICATE EXPERIENCE IN YEARS AND MONTHS FOR EACH AREA:

| | | |
|------------------------|-------------------|------------------|
| ACCOUNTING _____ | COMPUTERS _____ | PAYROLL _____ |
| ADDING MACHINE _____ | BOOKKEEPING _____ | STATISTICS _____ |
| CUSTOMER SERVICE _____ | PROGRAMMING _____ | |

LIST ANY OTHER SKILLS YOU THINK MAY BE OF VALUE TO THE COMPANY, SUCH AS PROGRAMMING, ETC.

1. _____
2. _____
3. _____

MILITARY SERVICE AND STATUS

BRANCH OF SERVICE (IF NONE, STATE NONE): _____ MILITARY OCCUPATION: _____

DATE OF ENTRY INTO ACTIVE DUTY: _____ / _____
(MONTH/YEAR) DATE OF SEPARATION: _____ / _____
(MONTH/YEAR)

RANK AT THE TIME OF SEPARATION: _____

PLEASE NOTE: FINAL PROCESSING PRIOR TO EMPLOYMENT WILL REQUIRE A REVIEW OF THE ORIGINAL OR A COPY OF YOUR MILITARY DISCHARGE AND/OR A REVIEW OF YOUR DD FORM 214.

APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

I HEREBY AFFIRM that by execution of the application, I acknowledge that the Company has disclosed to me that an Investigative Consumer Report, including information as to my character, general reputation, personal characteristics, and mode of living may be made; and that I, upon written request to the Company made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I HEREBY AFFIRM that by execution of the application, I acknowledge that the Company has disclosed to me that I must complete a pre-employment drug screen if I am offered a position. Any positive results from this screen may revoke any employment offers that have been extended to me.

I HEREBY AUTHORIZE the Company to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at anytime, for any reason, by me or by the Company without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that only the **President** of the Company has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any such agreement must be in writing.

I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and the Company's Terms of Employment and Policy and Procedures, as amended from time to time by the Company.

The Company operates under the principles of affording equal employment opportunity through affirmative action for qualified handicapped individuals, qualified veterans of the Vietnam era and qualified disabled veterans.

All applicants and employees who believe themselves to be members of one or more of these groups, and who wish to identify themselves as such for the purpose of affirmative action consideration are invited to do so.

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that (1) supervisors and managers may be informed regarding disabled veterans and handicapped individuals, as necessary, (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (3) governmental officials investigating compliance will be informed.

I wish to volunteer the following information (check one)

I do not qualify

I do qualify under the following:

Handicapped

Vietnam Era Veteran

Disabled Veteran

Signature _____

Date _____

Thank you for completing this application. It will remain under consideration for six months. It will not be necessary for you to reapply during this six-month period. Your interest in **ACS Technologies** is appreciated.