

An Equal Opportunity Employer

Please Print

Date Last Name First Name Middle

Present Address

No. & Street City State Zip - _____

Permanent Address (if different from present address)

No. & Street City State Zip - _____

(____) ____ - ____ (____) ____ - ____
Business Phone Home Phone

Employment Desired

Position applying for: _____

Personal Information

Have you ever applied to or worked for [Company Name] before? Yes No

If yes, when? _____

Do you have any friends or relatives working for Cogility Software Corporation ? Yes No

If yes, state name(s) and relationship:

Name Relationship

Name Relationship

Why are you applying for work at Cogility Software Corporation ?

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA 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 to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School	_____	_____	Yes No	_____
	Name			

	Address			
	_____ - _____			
	City State Zip			
College/ University	_____	_____	Yes No	_____
	Name			

	Address			
	_____ - _____			
	City State Zip			
Vocational/ Business	_____	_____	Yes No	_____
	Name			

	Address			
	_____ - _____			
	City State Zip			
Health Care Training	_____	_____	Yes No	_____
	Name			

	Address			
	_____ - _____			
	City State Zip			

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

_____ () _____ - _____

Name of Employer _____ Telephone No. _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip _____ - _____

Dates of Employment: _____ Weekly Pay: _____
From _____ To _____ Starting _____ Ending _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Name of Employer _____ Telephone No. _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip _____ - _____

Dates of Employment: _____ Weekly Pay: _____
From _____ To _____ Starting _____ Ending _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Note: Attach additional page(s) if necessary.

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name _____ Last Name _____ Telephone No. _____

Address & Street _____ City _____ State _____ Zip _____ - _____

Occupation _____ No. of Years Acquainted _____

References, continued

First Name _____ Last Name _____ Telephone No. _____

Address & Street _____ City _____ State _____ Zip _____ - _____

_____		_____	
Occupation		No. of Years Acquainted	

_____	_____	() _____ - _____
First Name	Last Name	Telephone No.

_____	_____	_____	_____	_____
Address & Street	City	State	Zip	

_____		_____	
Occupation		No. of Years Acquainted	

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my
 Initials chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further
 certify that I, the undersigned applicant, have personally completed this application. I understand that any
 omission or misstatement of material fact on this application or on any document used to secure employment
 shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the
 time elapsed before discovery.

_____ I hereby authorize Cogility Software Corporation to thoroughly investigate my references, work record, education
 Initials and other matters related to my suitability for employment and, further, authorize the references I have listed to
 disclose to the company any and all letters, reports and other information related to my work records, without
 giving me prior notice of such disclosure. In addition, I hereby release the company, 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 investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may
 Initials be granted or during my employment, if hired, is intended to create an employment contract between me and the
 company. In addition, I understand and agree that if I am employed, my employment is for no definite or
 determinable period and may be terminated at any time, with or without prior notice, at the option of either
 myself or the company, and that no promises or representations contrary to the foregoing are binding on the
 company unless made in writing and signed by me and the Company's designated representative.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction,
 Initials civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the
 Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check
 box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even
 though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

_____	_____
Date	Applicant's Signature