## CODE ALIGN Software House FULL STACK WEB DEVELOPER

#### **Application Form**

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE Please mail completed application to: CODEALIGN Software House codealign6@gamil.com

| OFFICE USE ONL | Y: |
|----------------|----|
| Date received: |    |

Reviewed by:

|                                                                                | PAGES 1-5.                     |                               | DATE                      |                |  |  |
|--------------------------------------------------------------------------------|--------------------------------|-------------------------------|---------------------------|----------------|--|--|
| First Name                                                                     |                                | Last N                        | Last Name                 |                |  |  |
| Address                                                                        |                                |                               |                           |                |  |  |
| How long at current add                                                        | Iress?                         | Birth D                       | Pate                      |                |  |  |
| Telephone                                                                      |                                |                               |                           |                |  |  |
| Gender □ Male □                                                                | Female                         |                               |                           |                |  |  |
| Proof of eligibility will be                                                   | e required ifhired.            |                               |                           |                |  |  |
|                                                                                |                                | N<br>M<br>Ti                  |                           |                |  |  |
| How many hours can y                                                           | ou work weekly?                |                               |                           |                |  |  |
| Employment desired                                                             |                                |                               |                           |                |  |  |
| Employment desired                                                             | □FULL-TIME ONLY                | □PART-TIME ONL                | .Y □FULL- OR PART-T       | IME            |  |  |
|                                                                                | □FULL-TIME ONLY to start work? |                               | Y □FULL- OR PART-T        | TIME           |  |  |
|                                                                                |                                |                               | Y □FULL- OR PART-T        | TIME           |  |  |
|                                                                                |                                | LOCATION<br>(Complete mailing | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |  |  |
| When are you available                                                         | to start work?                 | LOCATION                      | NUMBER OF YEARS           | MAJOR &        |  |  |
| When are you available                                                         | to start work?                 | LOCATION<br>(Complete mailing | NUMBER OF YEARS           | MAJOR &        |  |  |
| When are you available TYPE OF SCHOOL High School                              | to start work?                 | LOCATION<br>(Complete mailing | NUMBER OF YEARS           | MAJOR &        |  |  |
| When are you available TYPE OF SCHOOL High School College Bus. or Trade School | to start work?                 | LOCATION<br>(Complete mailing | NUMBER OF YEARS           | MAJOR &        |  |  |
| When are you available TYPE OF SCHOOL High School College                      | to start work?                 | LOCATION<br>(Complete mailing | NUMBER OF YEARS           | MAJOR &        |  |  |

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| What do you υ   | ise? Platforms, 0    | OS, Programming lang | juages, architecture etc.                                                                                                               |
|-----------------|----------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| □ Java          | ☐ Linux              | ☐ Android            | ☐ Microsoft mobile                                                                                                                      |
| ☐ HTML          | ■ Windows            | ☐ Eclipse            | ☐ JavaScript                                                                                                                            |
| □С              | ☐ Perl               | □ Ubuntu             | ☐ Mac                                                                                                                                   |
| <b>□</b> jQuery | □iOS                 | ☐ MySQL              | □ C++                                                                                                                                   |
| □ PHP           | □ Ajax               | ☐ Oracle             | ☐ WordPress                                                                                                                             |
| ☐ Photoshop     | □ CSS                | ☐ Json               | □ Dreamweaver                                                                                                                           |
| Please list two | references other     | than relatives.      |                                                                                                                                         |
| Name            |                      |                      | Name                                                                                                                                    |
| Position        |                      |                      | Position                                                                                                                                |
| Company         |                      |                      | Company                                                                                                                                 |
| Address         |                      |                      | Address                                                                                                                                 |
|                 |                      |                      |                                                                                                                                         |
| Telephone       |                      |                      | Telephone                                                                                                                               |
|                 |                      |                      |                                                                                                                                         |
|                 | r qualifications for |                      | xperience, or qualifications that you believe should be considered in nclude hobbies, volunteer experience and any other activities you |
|                 |                      |                      |                                                                                                                                         |
|                 |                      |                      |                                                                                                                                         |
|                 |                      |                      |                                                                                                                                         |
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Work Please list your work experience for the past seven years beginning with your most recent job held.

Experience If you were self-employed, give firm name. Attach additional sheets if necessary.

| Name of employer<br>Address           | Name of last supervisor | Employment dates | Pay or salary |
|---------------------------------------|-------------------------|------------------|---------------|
| City, State, Zip Code<br>Phone number |                         | From             | Start         |
|                                       |                         | То               | Final         |
|                                       | Your last job title     |                  |               |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

| Name of employer<br>Address           | Name of last supervisor | Employment dates | Pay or salary |
|---------------------------------------|-------------------------|------------------|---------------|
| City, State, Zip Code<br>Phone number |                         | From             | Start         |
|                                       |                         | То               | Final         |
|                                       | Your Last Job Title     |                  |               |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

### PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Work Please list your work experience for the past seven years beginning with your most recent job held. experience If you were self-employed, give firm name. Attach additional sheets if necessary. Name of employer Name of last Employment dates Pay or salary Address supervisor City, State, Zip Code From Start Phone number То Final Your last job title Reason for leaving (be specific) List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. Name of employer Name of last **Employment dates** Pay or salary Address supervisor City, State, Zip Code From Start Phone number То Final Your last job title Reason for leaving (be specific) List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. May we contact your present employer? ☐ Yes ☐ No ☐ Yes ☐ No If not, who did? \_\_\_ Did you complete this application yourself After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied \_\_\_\_\_Yes\_\_\_\_\_No. if you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:

#### PLEASE READ CAREFULLY

#### **APPLICATION FORM WAIVER**

As indication that you have read and understood each sentence, please write your initials in the spaces provided below.

In exchange for the consideration of my job application by CODEALIGN Software House I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment. I authorize investigation of all statements contained in this application. I understand that the Misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.

I further understand that my employment with the Company shall be probationary for a period of ninety days and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

| Signature of applicant_ |  | Date: |  |
|-------------------------|--|-------|--|
| _                       |  | •     |  |
|                         |  |       |  |

CODE ALIGN Software House is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.