



APPLICATION FOR EMPLOYMENT

EMPLOYMENT PROCESS AND CONDITIONS

I wish to be considered for employment with ADPITECH, Inc. or one of its subsidiaries (the "Company"). I hereby authorize the references, employers and educational institutions listed below to give the Company any and all information concerning my previous employment and education, and any pertinent information they may have regarding my work or academic performance and character, and I release all persons and entities from all liability with respect to furnishing such information to the Company. I understand and agree that, if employed, the period of my employment shall be at-will and that I may terminate my employment with the Company, or be terminated by the Company, at any time, with or without cause, and with or without notice, at the option of either myself or the Company. I further understand that this term and condition of my employment may not be changed except by a written agreement specifically for such purpose entered into between me and the Company, and signed by the President of the Company, and that such term and condition of my employment shall not be affected by any other employment policies or programs the Company may have. I understand that this application is not a contract, or guarantee of employment or continued employment. I also understand that the Company has policies and programs, in writing and otherwise relating to other terms and conditions of employment, and that such policies and programs are subject to change at any time, for any reason, by the Company at its discretion, and that I have no vested rights in any Company policy or program now or hereafter in effect. I certify that the information contained in the Application for Employment with the Company is correct to the best of my knowledge. I understand that this information is important to the Company and will be used by it in considering my employment. I understand that any falsification of this information may result in the company's refusal to hire me or, if then employed, in my immediate dismissal.

POSITION(S) APPLIED FOR: _____

This Application will be considered active for a period not to exceed 45 days, or until the position is filled. If hired, I understand that I am required to abide by all policies, rules and regulations of the Company. I have read and understand the above information.

APPLICANT'S SIGNATURE _____ DATE OF APPLICATION _____

NAME (LAST, FIRST, MIDDLE INITIAL) _____ SOCIAL SECURITY NUMBER _____

ADDRESS (NUMBER, STREET, CITY, STATE, ZIP) _____ TELEPHONE (AREA CODE & NO.) _____

IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE PROOF OF YOUR ELIGIBILITY TO WORK? YES ___ NO ___

IF HIRED, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES ___ NO ___

WITHIN THE PAST 10 YEARS, HAVE YOU BEEN CONVICTED OF OR PLEAD GUILTY TO A FELONY?
 (NOTE: CONVICTIONS AND/OR GUILTY PLEAS ARE NOT AN AUTOMATIC BAR TO EMPLOYMENT, AND WILL BE CONSIDERED ONLY AS THEY RELATE TO THE JOB)

YES ___ NO ___

DATE AVAILABLE FOR WORK: _____ APPLYING FOR: FULL-TIME ___ PART-TIME ___ TEMPORARY ___

IF CURRENTLY EMPLOYED, MAY WE CONTACT PRESENT EMPLOYER? YES ___ NO ___

HAVE YOU EVER APPLIED OR BEEN EMPLOYED BY ADPITECH? IF YES, GIVE DATE: _____ NO ___

IS THERE ANYTHING THAT WOULD PREVENT YOU FROM PERFORMING THE REQUIRED FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING? YES ___ NO ___

NOTE TO APPLICANT: DO NOT ANSWER THE ABOVE QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE POSITION FOR WHICH YOU ARE APPLYING.

NOTE TO APPLICANT: DO NOT ANSWER ANY OF THE FOLLOWING QUESTIONS UNLESS THE COMPANY HAS CHECKED THE BOX PRECEDING THE QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

DO YOU KNOW OF ANY REASONS THAT WILL MAKE IT DIFFICULT FOR THE COMPANY TO OBTAIN A SURETY BOND ENSURING YOUR HONESTY? YES ___ NO ___

DO YOU HAVE A VALID MOTOR VEHICLE DRIVERS LICENSE? YES ___ NO ___

HAVE YOUR DRIVING PRIVILEGES EVER BEEN LOST OR SUSPENDED? YES ___ NO ___

ARE YOU AVAILABLE TO TRAVEL? YES ___ NO ___

IF HIRED, CAN YOU PROVIDE PROOF OF INSURANCE COVERAGE? YES ___ NO ___

SPECIAL CONDITIONS

DESCRIBE SPECIALIZED SKILLS AND EQUIPMENT OPERATED IF RELATED TO SPECIFIC JOB FOR WHICH YOU ARE APPLYING:

SKILLS

| EDUCATION | NAME & LOCATION | # YRS ATTENDED | DID YOU GRADUATE? | DEGREE OR CREDENTIALS OBTAINED | MAJOR STUDIES |
|--|-----------------|----------------|-------------------|--------------------------------|---------------|
| HIGH SCHOOL | | | | | |
| UNDERGRADUATE COLLEGE/UNIVERSITY | | | | | |
| GRADUATE STUDY | | | | | |
| TRADE, BUSINESS OR OTHER, PLEASE SPECIFY | | | | | |

START WITH YOUR PRESENT OR LAST JOB AND INCLUDE ALL EMPLOYMENT FOR THE LAST SEVEN (7) YEARS. LIST MANAGER OR SUPERVISORS WHO EVALUATED JOB PERFORMANCE. IF MORE SPACE IS NEEDED TO COMPLETE JOB HISTORY, PLEASE USE A SEPARATE SHEET OF PAPER. RESUMES WILL NOT BE ACCEPTED IN LIEU OF A COMPLETED APPLICATION.

| DATES EMPLOYED | EMPLOYER NAME/ADDRESS/PHONE | JOB TITLE OR POSITION | SUPERVISOR(S) | REASON FOR LEAVING |
|-----------------|-----------------------------|-----------------------|---------------|--------------------|
| FROM: | | | | |
| TO: | | | | |
| WORK PERFORMED: | | | | |
| FROM: | | | | |
| TO: | | | | |
| WORK PERFORMED: | | | | |
| FROM: | | | | |
| TO: | | | | |
| WORK PERFORMED: | | | | |

REFERENCES

LIST THREE (3) PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN FOR ONE (1) YEAR OR MORE:

| NAME | ADDRESS AND TELEPHONE NUMBER | YEARS ACQUAINTED |
|------|------------------------------|------------------|
| | | |
| | | |
| | | |

THE COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND TREATS ALL OF ITS APPLICANTS AND EMPLOYEES ON THE BASIS OF MERIT, QUALIFICATIONS & COMPETENCE WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP STATUS, AGE OR DISABILITY, OR ANY OTHER FACTOR PROHIBITED BY FEDERAL, STATE OR LOCAL LAW, AFTER AN OFFER OF EMPLOYMENT HAS BEEN EXTENDED, YOU MAY BE REQUIRED TO SUCCESSFULLY PASS A PHYSICAL EXAMINATION AND/OR DRUG TEST.

APPLICANT'S SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

TO BE COMPLETED AFTER EMPLOYMENT

HOW WERE YOU REFERRED TO US? _____ IF A RELATIVE REFERRED YOU, DENOTE RELATIONSHIP: _____

IN CASE OF AN EMERGENCY, NOTIFY: _____ ADDRESS: _____ TELEPHONE NUMBER: _____

Work Requirements

(In order to better match your work requirements, please answer the following questions.)

1. If hired, when will you be available to begin work?

2. Can you work overtime? Yes No
3. To work overtime, do you require prior notice?
 Yes No
4. Are you available to work on Saturday?
 Yes No
5. Are you available to work on Sunday?
 Yes No
6. Are you available to work evenings?
 Yes No
7. What is your salary requirement?
\$ _____ per Hour Month Annual

Applicant Signature

Date