



Simplex, Inc., 5300 Rising Moon Road, Springfield, IL 62711-6228

Application for Employment

Simplex, Inc., is an Equal Opportunity Employer

Please fill in this form completely, accurately, and legibly using black or blue ink. Failure to do so will delay or prevent consideration. Your application and all the information in it will be kept confidential. Your application will become inactive unless renewed every three months.

PERSONAL INFORMATION

Name:			Social Security Number:	Phone:
LAST	FIRST	MIDDLE	Name(s) of relative(s)/friend(s) employed by Simplex:	
Have you ever used another name?			How were you referred to Simplex?	
Is additional information, such as an assumed name or nickname, necessary in order to check job references? ..			References (Exclude Relatives):	
If Yes, list names:			1. Name/Address: Phone:	
ADDRESS:			2. Name/Address: Phone:	
STREET APT. #			3. Name/Address: Phone:	
CITY STATE ZIP CODE				
Is the above address your permanent address?				
If No, permanent address:				
STREET APT. #				
CITY STATE ZIP CODE				

MILITARY INFORMATION:

Did you serve in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Branch(es): _____
Active Duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of Service: _____
National Guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Service Number: _____
Reserves?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

JOB PREFERENCE AND ELIGIBILITY

Job Desired: _____ (Required for Simplex to accept application)	Are you willing to work any shift?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Summer	Can you work from blueprints?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What salary do you expect? _____	Can you type?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you under 18 years of age?	Are you computer literate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If under 18, can you produce a work permit?	Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, will you be able to provide proof of age?	State License Number	
On what date are you available? _____	Has your license ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
POLICY REGARDING IMMIGRATION STATUSES:	Do you have a security clearance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
The company does not extend employment offers to applicants who are not authorized to work for all employers in the United States on a full-time basis without the need for work visa sponsorship. The company does not assist or sponsor individuals in obtaining or extending employment authorizations from the U.S. Immigration and Naturalization Service or the U.S. Department of Labor.	Do you have a security clearance pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. citizen or currently in an immigration status that authorizes you to work for all employers in the United States on a full-time basis?	Have you ever applied to Simplex/Affiliates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, did you do so based upon an F-1 student practical training authorization?	If Yes, when? _____	
If hired will you be able to provide proof of citizenship? ...	Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(Conviction will not bar employment, but will be considered in relation to specific job requirements.)	
	Because of the critical nature of the applications of our equipment, when overtime is needed it is not voluntary. Employees are required to work overtime as needed.	
	Do you have any objections to working overtime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, use the Notes and Comments area on page 3 to explain.	

EMPLOYMENT HISTORY (Begin with most recent job, include military service, if applicable.)

1. Company: _____ Address: _____
Phone: _____ Employment Dates (Month/Year): From ____ / ____ To ____ / ____
Starting Salary: _____ Ending Salary: _____ Amount & Date of Last Increase: _____
 Part-time Full-time Title: _____
Supervisor: _____ Reason for Leaving: _____
Duties Performed: _____

List Training Received: _____

2. Company: _____ Address: _____
Phone: _____ Employment Dates (Month/Year): From ____ / ____ To ____ / ____
Starting Salary: _____ Ending Salary: _____ Amount & Date of Last Increase: _____
 Part-time Full-time Title: _____
Supervisor: _____ Reason for Leaving: _____
Duties Performed: _____

List Training Received: _____

3. Company: _____ Address: _____
Phone: _____ Employment Dates (Month/Year): From ____ / ____ To ____ / ____
Starting Salary: _____ Ending Salary: _____ Amount & Date of Last Increase: _____
 Part-time Full-time Title: _____
Supervisor: _____ Reason for Leaving: _____
Duties Performed: _____

List Training Received: _____

Have you ever been employed by Simplex/Affiliates? Yes No
Company/Location: _____ Employment Dates (Month/Year): From ____ / ____ To ____ / ____

DISCLOSURE OF PREEXISTING AGREEMENTS:
Are you currently a party to any agreement(s), contract(s), or understanding(s) (whether written or oral) relating to or regarding (1) restrictions on competition, (2) confidentiality of business matters, (3) trade secrets, or (4) any other limitation on your ability or right to provide the company with your services as an employee? Yes No
If yes, please provide complete details of such agreement(s), contract(s), or understanding(s), including the name(s) of the other party(ies) to it (or them), and its (or their) expiration date(s), if any, on the Notes and Comments area on the following page.

EDUCATION

High School/G.E.D.:

Name: _____
Location: _____
Graduate: Yes No Attending
Relative Standing in Graduating Class: _____
Highest grade completed: 7 8 9 10 11 12

Military, Vocational or Special Training:

1. School or Course: _____
Location: _____
Graduate: Yes No Attending
Type of Training: _____

2. School or Course: _____
Location: _____
Graduate: Yes No Attending
Type of Training: _____

3. School or Course: _____
Location: _____
Graduate: Yes No Attending
Type of Training: _____

Colleges:

1. Name: _____
Location: _____
Graduate: Yes No Hrs. Earned _____ Attending
Major: _____
Degree(s) Earned: _____
Degree in Progress: _____
Grade Point Average: _____ out of _____
2. Name: _____
Location: _____
Graduate: Yes No Hrs. Earned _____ Attending
Major: _____
Degree(s) Earned: _____
Degree in Progress: _____
Grade Point Average: _____ out of _____

Professional Courses/Designations:

Licenses:

Organizations, Clubs or Professional in which you hold membership:

(Include scholastic honors when applicable. Exclude those which identify your race, color, religion, sex, national origin, disability or sexual orientation.)

Notes and Comments:

(ie. office or factory machinery you can operate, hand or power tools you can use, explanation of objection to overtime work, specifics of preexisting agreements, special skills or abilities)

APPLICANT'S AUTHORIZATIONS AND UNDERSTANDINGS

• I AUTHORIZE THE COMPANY TO:

- Verify all statements contained in this employment application and any addendum hereto.
- Obtain information on my driving record from any relevant state agencies, in the event that I am employed in a position where I regularly use my personal vehicle or I am authorized to drive any vehicle that is owned, leased or rented by the company for the purpose of conducting company business.

• I UNDERSTAND THAT:

- Nothing in this application is to be construed as constituting a guarantee of employment. Individuals are free to resign at any time, just as the company is free to terminate employment at any time with or without cause or notice. While the company reserves the right to change an employee's position, title, job responsibilities or compensation at any time, with or without cause or notice, the voluntary "at-will" employment relationship may not be modified by any oral or implied agreement.
- As a routine procedure, an investigative consumer report about me, including information on my character, general reputation, personal characteristics, and mode of living, may be prepared. I further understand that any offer of employment is contingent upon satisfactory results from this investigative consumer report. Additional information concerning the nature and scope of this report will be provided to me upon written request.
- Falsification of information on this employment application may constitute grounds for termination.

• I AGREE THAT:

- **Disclosure:** The information herein given is accurate and complete to the best of my knowledge and belief. If employed, I will submit to a physical examination by a physician specified by Simplex and its affiliates. The physician, companies, schools and persons named herein are authorized to give information regarding me, whether or not such information is part of their records, and they are hereby released from all liability for issuing this information. I also grant Simplex/affiliates the right to publish or cause to be published any photograph of myself.
- **Confidentiality:** Information obtained as a result of employment will be safeguarded by me as severely confidential. In consideration of employment I will never, during or after employment with Simplex or its affiliates, reveal to any person or entity any information concerning inventions, experimental developments, special machines, manufacturing processes, testing processes, operating methods, any other confidential matters or trade secrets of Simplex or its affiliates, its successors or assigns.
- **No Competition" Agreement:** I will be responsible in matters within my control for the safeguarding of all secret, confidential or restricted matters that may be revealed to me in connection with my employment and understand that I may be subject to criminal liability for my failure to act as provided under Espionage, Sabotage and related Laws of the United States of America. I further understand that should I be assigned to a position which would give me access to information considered by Simplex and its affiliate to be vital to its concerns including, but not limited to invention, design, planning, marketing organization, purchasing information of all types, company financial or structural information customer information, etc., that I will be required to sign a binding "No Competition" agreement which would prohibit me from engaging in any kind of business that is competitive to Simplex and its affiliates and that I would be subject to civil action for violations of this agreement.
- **Patent, Trademark, Copyright Assignment and Agreement:** In consideration of the compensation paid to me by Simplex and its affiliates I agree that in the event of employment all inventions relating directly or indirectly to the business or research of Simplex and its affiliates as existing at the date of conception or first actual reduction to practice thereof, including apparatus, machinery and manufacturing processes usable in connection therewith, conceived or first actually reduced to practice, solely or jointly by me during my employment and within six months thereafter, shall be disclosed to and become the property of Simplex and its affiliates and I shall assist in vesting good title in Simplex and its affiliates and in obtaining patents, trademarks, copyrights, renewals, re-issued and extensions thereon. I understand that I will be required to sign a binding "Assignment of Inventions" agreement. I have not made any such inventions prior to the date of my employment at Simplex and its affiliates, except the following, a complete disclosure is attached hereto.

Disclosure: _____ If none, so state: _____

- Where permitted by law, an offer of employment may be contingent upon satisfactory results from a substance abuse screening test and further that, where permitted by law, the company may request such tests for employees based upon reasonable cause.
- I must show proof of work eligibility within three business days after commencement of my first day of employment.
- If I am employed and subsequently terminated, I will reimburse the company for any used but unearned vacation pay received.

_____ Date

_____ Applicant's Signature

FOR SIMPLEX USE ONLY

Application No.: _____ Hired: Yes No EE #: _____

Starting Date: _____ Hourly Wage: _____

Date: _____ Department: _____ Location: _____ Supervisor/Manager: _____