



<b>Former Employers</b> (List below last four employers, starting with the most recent)				
Date				
Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

<b>References</b> (Give the names of 3 <i>professional</i> contacts with whom you have worked for at least 1 year)					
Name	Business	Phone	E-mail	Relationship	Years Acquainted

By signing my name below, I certify that the answers given in this application and on any supporting documentation are true and correct to the best of my knowledge. I authorize inquiry into the statements made in this application that may be necessary in reaching an employment decision. I understand that any false or misleading information given in this application or during a pre-employment interview, including a failure to disclose requested information may result in my discharge.

I understand that any employment relationship is "at will," which means that the employee may resign at any time and the employer may discharge the employee at any time, with or without cause. I also understand that this at-will employment relationship may not be changed by any written document or by any behavior, unless the change is specifically acknowledged in writing by the company President.

I understand that no company representative, other than its President or Director of Human Resources, and then only when in writing and signed by the President or Director of Human Resources, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THIS FORM HAS BEEN DESIGNED TO COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING EMPLOYMENT DISCRIMINATION. GLOBAL SCIENCE & TECHNOLOGY, INC. IS AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER AND DOES NOT DISCRIMINATE AGAINST QUALIFIED APPLICANTS FOR ANY REASON, INCLUDING ON THE BASIS OF RACE, COLOR, CREED, RELIGION, AGE, SEX, NATIONAL ORIGIN, DISABILITY OR HANDICAP, VETERAN STATUS. WOMEN, MINORITIES, VETERANS AND INDIVIDUALS WITH DISABILITIES ARE STRONGLY ENCOURAGED TO APPLY. A COPY OF OUR EEO POLICY AND THE TEXT PORTION OF OUR AFFIRMATIVE ACTION PLAN ARE AVAILABLE UPON REQUEST.

CANDIDATE RESUMES AND APPLICATIONS ARE KEPT ON FILE FOR A PERIOD OF THREE YEARS.