



Prospective employees will receive consideration for employment without regard to race, creed, color, gender, age, national origin, disability, or veteran status.

3900 Dow Road, Suite J, Melbourne, Florida 32934
 (321) 254-7300 – Fax (321) 242-0862
 HumRes@mnemonics-inc.com

Application for Employment

Personnel Use Only:

Hired By: _____		Referred By: _____	
Job Title: _____		Organization No. and Supervisor: _____	
Rate: _____	Employee No.: _____	Reporting Date: _____	Requisition No.: _____

Personal: Please make your answers complete and accurate. All information will be kept confidential. Date: _____

Name: Last: _____	First: _____	Middle: _____
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Present Address:

Street: _____		City: _____	
State: _____	Zip Code: _____	Home Phone: _____	Cell Phone: _____
E-mail: _____			
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No The amended Age Discrimination in Employee act of 1967 prohibits Discrimination.			

How did you hear about Mnemonics? _____

Were you referred by a Mnemonics employee? Yes No If yes: employee's name: _____

Do you presently have or ever had a relative who works or worked for Mnemonics, Inc.? Yes No

If Yes: Employee Name: _____ Relationship: _____

Occupation and Educational Data:

Type of Work Desired: _____	If employed when can you start: _____
Present Salary: _____	Will you work 2 nd shift: <input type="checkbox"/> Yes <input type="checkbox"/> No 3 rd <input type="checkbox"/> Yes <input type="checkbox"/> No
Desired Salary: _____	Can you work overtime – Weekends as required** <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you worked for Mnemonics, Inc. before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Division: _____ When: _____
**Reasonable efforts will be made to accommodate employee's religious needs.	

Schooling	Name and Address	Last Grade Completed	Major	Degree if Applicable
High School				
College				
Trade School				
Other				

Employment Data:

Cover entire time of your professional career. List most recent employer first, attach additional sheets if necessary.

Name of Present or Last Employer: _____ Phone No.: _____
Title and Actual Duties: _____
Address _____ City: _____ State: _____
Name and Title of Immediate Supervisor: _____
Starting Salary: _____ Last Salary: _____ Date Employed(Mo/Yr): From _____ / _____ / _____
Month Year Month Year
Reason for Desiring Change: _____

Name of Present or Last Employer: _____ Phone No.: _____
Title and Actual Duties: _____
Address: _____ City: _____ State: _____
Name and Title of Immediate Supervisor: _____
Starting Salary: _____ Last Salary: _____ Date Employed(Mo/Yr): From _____ / _____ / _____
Month Year Month Year
Reason for Desiring Change: _____

Name of Present or Last Employer: _____ Phone No.: _____
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Month Year Month Year
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Name of Present or Last Employer: _____ Phone No.: _____
Title and Actual Duties: _____
Address: _____ City: _____ State: _____
Name and Title of Immediate Supervisor: _____
Starting Salary: _____ Last Salary: _____ Date Employed(Mo/Yr): From _____ / _____ / _____
Month Year Month Year
Reason for Desiring Change: _____

State here other business experience, including part-time and summer work during the time you were in school, also military training, and experience we should consider in placing you.

<input type="checkbox"/>	CHECK BOX IF YOU HAVE EXPERIENCE AND/OR TRAINING IN ANY OF THE BELOW AREAS			
I. Accounting	II. Clerical	III. Miscellaneous	IV. Office Machines	V. Manufacturing
<input type="checkbox"/> Auditing	<input type="checkbox"/> File Clerk	<input type="checkbox"/> Drafting	<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Microscope
<input type="checkbox"/> Budgets	<input type="checkbox"/> Record Clerk	<input type="checkbox"/> Expediting	<input type="checkbox"/> Calculating	<input type="checkbox"/> Chemicals
<input type="checkbox"/> Cost	<input type="checkbox"/> Shipping Clerk	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Duplicating	<input type="checkbox"/> Tech. Specifications
<input type="checkbox"/> General	<input type="checkbox"/> Statistics Clerk	<input type="checkbox"/> Purchasing	<input type="checkbox"/> Switchboard	<input type="checkbox"/> Assembly Work
<input type="checkbox"/> Payroll	<input type="checkbox"/> Shorthand (wmp ___)	<input type="checkbox"/> Technician	<input type="checkbox"/> Word Processing	<input type="checkbox"/> Quality Control
<input type="checkbox"/> Statistics	<input type="checkbox"/> Typing (wmp ___)	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Certifications Earned
<input type="checkbox"/> Tax	<input type="checkbox"/> Other	_____	_____	<input type="checkbox"/> Other
<input type="checkbox"/> Other	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

In what do you consider yourself most proficient?

Activities and Interests:

What are your hobbies?

Military Services, U.S.A.:

Branch of Service: _____ Highest Rank or Rating: _____ Reserve Status: _____

Date of Service (Mo Yr): From _____ / _____ To _____ / _____ Present Military Status: _____

Month Year Month Year

References: (Other than relatives)

Name: _____ Occupation: _____ Years Known: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Phone Number (Including Area Code): _____

Name: _____ Occupation: _____ Years Known: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Phone Number (Including Area Code): _____

Name: _____ Occupation: _____ Years Known: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Phone Number (Including Area Code): _____

Name: _____ Occupation: _____ Years Known: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Phone Number (Including Area Code): _____

Consent and Release: (Pre-employment)

The undersigned applicant hereby authorizes Mnemonics, Inc. to conduct through its designated physician, medical facility, or laboratory testing facility drug screening as a requirement of employment.

In applying for employment, I understand that drug screening will be administered as part of the pre-employment process to determine the presence of certain drugs and substances prohibited by Mnemonics, Inc., such as illegal drugs, controlled substances, marijuana, mood or mind-altering substances, "look-alike" substances, designer and synthetic drugs, and certain inhalants. I further understand that the presence of one or more of these drugs or substances that have not been prescribed by a licensed physician/dentist will cause my rejection from future consideration for employment.

I understand that refusal to submit to the drug screening will constitute voluntary withdrawal of my application for employment.

I authorize that the results of this drug screening be given to Mnemonics, Inc., for employment purposes.

I release and hold the designated physician, testing laboratory, and medical facility harmless for release of this information to Mnemonics, Inc. I also release and hold Mnemonics, Inc., its directors, officers, stockholders, and employees harmless for the use of this information for employment purposes.

Applicant Signature: _____

Security Information:

Some positions require security clearance. In addition to a favorable investigation of your background, a security clearance may only be granted to U.S. Citizens.

Are you a U.S. Citizen? Yes No Is there any reason a security clearance could not be granted to you? Yes No

Have you ever been granted a security clearance? Yes No Degree: _____ Where: _____ Date: _____

Have you ever been convicted of any crime? * Yes No If yes, explain crime and disposition of case.

* A conviction record will not necessarily be a bar to employment and factors such as age and time of offense, seriousness, and nature of the violation and rehabilitation will be taken into account.

I understand that it is the policy of Mnemonics, Inc. to respect the rights of other companies in their confidential and proprietary information. In keeping with this policy, I hereby confirm that I understand this policy and I agree that I will not disclose or use, in connection with my employment with Mnemonics, Inc. any confidential or proprietary information of a former employer which is not publicly available from another source.

Do you currently have an agreement in effect with any other firm concerning their trade secrets or proprietary information? Yes No

If yes, how long is the agreement effective for after termination of services? _____ Months.

Agreement:

I hereby authorize investigation of all statements, including Educational Data, contained in this record. I certify that such statements are true, and understand that misrepresentation, or omissions of facts called for in this form are cause for immediate discharged. I also agree, if employed, to abide by all rules and regulations of Mnemonics, Inc., including those pertaining to attendance, vacation, sick leave, leaves of absence, layoffs, transfer, termination, health services, and general conduct.

I understand that as part of normal procedures for processing employment applications and employment requests, a routine inquiry may be made. I authorize such investigation and acknowledge that information on the nature and scope of such a report be made available, upon the request of Mnemonics, Inc.

Applicant's Signature: _____ Date: _____