

Tellurex Corporation

1462 International Drive
Traverse City, MI 49686

Employment Application

GENERAL

Please Print All Information

Today's Date	Type of Position	Starting Salary Requested \$
Date Available	Preferred Shift: _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	What referred you to us? <input type="checkbox"/> Other _____ <input type="checkbox"/> Newspaper <input type="checkbox"/> Employee <input type="checkbox"/> Friend

PERSONAL

Last Name	First Name	Middle Initial	Telephone Number	Social Security Number
Present Address	City	State	Zip Code	
Last Previous Address	City	State	Zip Code	
Are you a former employee of Tellurex? <input type="checkbox"/> Yes <input type="checkbox"/> No	Former Position _____ Dates _____ to _____	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, enter visa type & number:	
Have you ever been convicted of a criminal offense other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below. Are there any felony charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below. Are you or have you ever held a professional license which has been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below. Are proceedings pending to suspend or revoke such a license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below. _____ _____				
Do you have any physical or mental impediments or medical restrictions that might hinder your ability to perform the duties of the positions for which you have applied? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below. _____ _____				

EDUCATION

NAME OF INSTITUTION	ADDRESS	GRADUATE		DEGREE	GPA	COURSE OF STUDY
		Yes	No			
High School or Other						
Business or Vocational						
College or University						
Graduate School						
Additional Classes or Seminars						

U.S. MILITARY

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Dates Served: From _____ To _____	Branch of Service _____
Military Specialty & Types of Training _____	
Honorable Discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain. _____	

EMPLOYMENT RECORD

List all employers, starting with the most recent or current. Include self employment, summer and part-time jobs. Account for all periods of unemployment.

Are you presently employed? Yes No May we contact your present employer? Yes No

#1	Employer _____	Telephone _____	Supervisor's Name _____
Address _____		Job Title _____	
		Duties & Responsibilities _____ _____	
Dates Employed _____ To _____ Mo. Yr. Mo. Yr.		Reason for Leaving _____	
Base Salary or Wage _____			
Start \$ _____ Per _____			
End \$ _____ Per _____			

#2	Employer _____	Telephone _____	Supervisor's Name _____
Address _____		Job Title _____	
		Duties & Responsibilities _____ _____	
Dates Employed _____ To _____ Mo. Yr. Mo. Yr.		Reason for Leaving _____	
Base Salary or Wage _____			
Start \$ _____ Per _____			
End \$ _____ Per _____			

#3	Employer _____	Telephone _____	Supervisor's Name _____
Address _____		Job Title _____	
		Duties & Responsibilities _____ _____	
Dates Employed _____ To _____ Mo. Yr. Mo. Yr.		Reason for Leaving _____	
Base Salary or Wage _____			
Start \$ _____ Per _____			
End \$ _____ Per _____			

#4	Employer _____	Telephone _____	Supervisor's Name _____
Address _____		Job Title _____	
		Duties & Responsibilities _____ _____	
Dates Employed _____ To _____ Mo. Yr. Mo. Yr.		Reason for Leaving _____	
Base Salary or Wage _____			
Start \$ _____ Per _____			
End \$ _____ Per _____			

SKILLS

<i>This section to be completed by clerical applicants only</i>	Typing Speed (WPM) _____	Shorthand Speed _____	Other Related Skills _____
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Please read before signing:

I represent that the answers and information given by me in this application are true and complete without qualification. I hereby authorize *Tellurex Corporation* to verify the same and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions and any other third party to give the company any information they have regarding me without receiving written notice from me. I have no objection to making application for security clearance. If necessary, signing an employee agreement on confidential information and inventions, or taking a medical examination.

The company has the right to terminate my employment at any time if it discovers that I have provided incomplete, untrue or misleading answers in this application or an any other document or form at any time during my employment. If terminated, I authorize the company to use any information in its possession concerning me for any purpose it deems appropriate, including disclosure of information to any third party without any notification to me of such disclosure and I release the company from any liability in connection with such use or disclosure.

In consideration of my employment, I agree to conform to the rules and regulations of the company and understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time , the option of either the company or myself. I understand that no manager or representative of *Tellurex Corporation* except president or vice-president, and then only in writing and signed, has any authority to enter into any agreement for employment for any period of time, or to make any agreement contrary to the foregoing.

My signature below indicates I have read and understood the above three paragraphs.

(Applicant's Signature)

Date