

SPECIALIZED SKILLS/TRAINING (If applicable to the job for which you are applying.)

_____ 10 Key by Touch	Word Processing (Software) _____	Typing _____ W.P.M
_____ Data Entry	Spreadsheet (Software) _____	Shorthand _____ W.P.M
Other computer systems, software/hardware: _____		
Special equipment/machinery: _____		

Do you have a valid Driver's License? _____ Yes _____ No _____ State _____		
Do you have a valid Commercial Driver's License? _____ Yes _____ No _____ State _____		

Please list professional or trade license, certificates, specialized training, apprenticeships and/or job-related training:

	State or Authority _____	Year _____
	State or Authority _____	Year _____

EMPLOYMENT HISTORY (Start with your present or last job.)

Company:	Dates Employed	Hourly Rate/ Salary
	From: To:	Start: Final:
Address:	Title:	Duties:
Supervisor:	Reason for Leaving:	

May we contact your present employer? _____ Yes _____ No

Company:	Dates Employed	Hourly Rate/ Salary
	From: To:	Start: Final:
Address:	Title:	Duties:
Supervisor:	Reason for Leaving:	

Company:	Dates Employed	Hourly Rate/ Salary
	From: To:	Start: Final:
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May we contact your present employer? Yes No

Company:	Dates Employed From: To:	Hourly Rate/ Salary Start: Final:
Address:	Title:	Duties:
Supervisor:	Reason for Leaving:	

Company:	Dates Employed From: To:	Hourly Rate/ Salary Start: Final:
Address:	Title:	Duties:
Supervisor:	Reason for Leaving:	

Applicant's Statement

I certify, subject to the penalties provided by law, that the information contained in this form is correct to the best of my knowledge. I understand that falsification of this form or interview(s) in any detail is grounds for disqualification from further consideration or for dismissal from employment. I agree to conform to the policies and rules of SemaSys, Inc. and authorize its members of management to contact my prior employers, other references and/or contacts necessary in arriving at an employment decision.

I understand that nothing contained in this form or in the granting of an interview is intended to create a contract between me and the company for either employment or the provision of any benefits. In the event of an offer of employment, I understand that the offer is conditional and the company would require me to pass a pre-employment physical and drug screen as a condition of continued employment. I understand that my employment may be terminated at any time without prior notice, unless provided under bargaining unit agreement (Oklahoma City). It is further understood that no representative, other than the President, has authority to enter into any agreement for employment for any specified period of time and that it may be necessary for me to sign documents concerning conflicts of interest, confidentiality of information, and right of discoveries, ideas, and inventions.

Applicant Signature

Date

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