

EMPLOYMENT HISTORY List your 3 most recent positions, starting with your present or last job, including military, civilian, volunteer or part-time experience. This section must be completed even if you attach a resume.

Employer:	Address, City, State, Zip Code:	
Starting Date:	Starting Position:	Starting Salary:
Ending Date:	Ending Position:	Ending Salary:
Describe the Responsibilities of Your Position:		
Name and Title of Immediate Supervisor:		May We Contact? <input type="checkbox"/> no <input type="checkbox"/> yes – phone # ()
Reason For Leaving:		Amount of Notice Given:

Employer:	Address, City, State, Zip Code:	
Starting Date:	Starting Position:	Starting Salary:
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Describe the Responsibilities of Your Position:		
Name and Title of Immediate Supervisor:		May We Contact? <input type="checkbox"/> no <input type="checkbox"/> yes – phone # ()
Reason For Leaving:		Amount of Notice Given:

REFERENCES List three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Company	Years Known	Phone Number ()
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EDUCATION

Educational Institution	Name and Location of Educational Institution	Major	GPA	Years Completed	Degree Obtained
High School					
College/University					
College/University					
Business					
Technical					
List any honors received and/or extra curricular activities.					

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:
Hardware You Can Use:
Software You Can Use:
Office Equipment You Can Operate:

ADDITIONAL INFORMATION Exclude memberships that would reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status.

List professional, trade, business, or civic associations and any offices held.	Organization	Offices Held
List special accomplishments, publications, awards, etc.		
List any additional information you would like M Cubed Technologies, Inc. to consider.		

AGREEMENT AND CERTIFICATION

My signature below constitutes full acceptance of this employment application in its entirety and certifies that the information provided herein is true and correct to the best of my knowledge.

I voluntarily authorize M Cubed Technologies, Inc. to make investigations of my person, employment, education and other related matters as may be necessary in arriving at an employment decision or verifying the accuracy of information related to my application. I hereby release from all liability all persons or entities supplying or collecting such information. If I am offered employment, I understand the offer is contingent on the outcome of any background investigations or reference checks satisfactory to M Cubed Technologies, Inc.

I hereby give my voluntary consent for a urine sample to be collected from me and submitted for a drug abuse screening test. I understand that any positive result from such test will preclude my being offered employment (if an applicant) or my continued employment (if current employee). I hereby consent, if I am an applicant, to the release of the test results to those Company officials who make employment decisions for the Company. Further, if a current employee, I give my consent for the release of the test results to the appropriate Company officials for determination of continued employment.

If I am employed, I understand that if I have deliberately omitted or given false or misleading information in this application, my resume (if any), or interview(s) I may be discharged, whenever it is discovered. If M Cubed Technologies, Inc. accepts me for employment, I agree to abide by all of the M Cubed Technologies, Inc. policies, procedures and practices during my employment as same may be added or amended from time to time at the sole discretion of the Company.

If I am employed, I agree to maintain the strict confidentiality of all Confidential Information (as defined by M Cubed Technologies, Inc. policies) and shall not, directly or indirectly (a) transfer or disclose any Confidential Information to any third party; (b) use any Confidential Information without the prior written consent of M Cubed Technologies, Inc.; or (d) take any other action with the respect to the Confidential Information inconsistent with the confidential and proprietary nature of such information.

By accepting employment from M Cubed Technologies, Inc., I hereby acknowledge and agree that M Cubed Technologies, Inc. shall own, and I hereby agree to transfer and assign to M Cubed Technologies, Inc., all rights, of every kind and character throughout the world, in perpetuity, in and to any material or ideas and all results and proceeds of my services for M Cubed Technologies, Inc., or conceived of or produced during the term of my employment, whether the same consists of any other forms of works, themes, ideas, inventions, creations, products or compositions. I agree to execute and deliver to M Cubed Technologies, Inc. such assignments, certificates of authorship, or other instruments in accordance with standard industry practice as M Cubed Technologies, Inc. may require from time to time to evidence ownership of the results and proceeds of my services.

I understand it is this Company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I understand that my employment is contingent on my successful compliance with all employment eligibility verification requirements of the Immigration Reform and Control Act of 1986.

If I am employed, I understand that my first 90 calendar days of employment will be considered an Introductory Period and at the end of the Introductory Period, my supervisor will either recommend retention as a regular employee or termination if performance is not fully satisfactory.

If I am employed, I understand that my employment is "at will" and for no definite period of time. Either M Cubed Technologies, Inc. or I may terminate my employment at any time, with or without cause and with or without notice except as may be expressly required by law. I further understand that my employment is at will regardless of any statement made by a M Cubed Technologies, Inc. agent or in a M Cubed Technologies, Inc. policy, procedure, practice, handbook, program, or any other written or oral materials. I understand that no representatives of M Cubed Technologies, Inc., other than the Chief Executive Officer, have the authority to make agreements with me concerning the length of my employment. Such agreements must be made in writing and signed by the Chief Executive Officer of M Cubed Technologies, Inc.

SIGNATURE OF APPLICANT:

DATE:

M Cubed Technologies, Inc. affords equal opportunity in employment to all qualified persons regardless of race, color, religion, sex, age, national origin, sexual preference, disability, veteran status, or any other factors prohibited by law. Discrimination in employment practices is prohibited by federal and state laws.

AFFIRMATIVE ACTION VOLUNTARY INFORMATION



M CUBED TECHNOLOGIES, INC.
NEW MATERIALS FOR A NEW AGE

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, mental or physical disabilities, veteran/reserve/national guard or any other similar protected status.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations. **PLEASE PRINT.**

Positions(s) Applied For: _____

Date: _____

Name: _____ Telephone: (____) _____

LAST FIRST MIDDLE

Address: _____

STREET CITY STATE ZIP CODE

Your Gender: Male Female

Please check (✓) one of the following Equal Employment Opportunity Identification Groups:

- White (not of Hispanic origin) Black (not of Hispanic origin) Hispanic
- American Indian/Alaskan Native Asian/Pacific Islander Other: _____

Check (✓) If Any Of The Following Are Applicable:

- Vietnam Era Veteran Disabled Veteran Handicapped Individual