



APPLICATION FOR EMPLOYMENT NON-UNION

Black Micro Corporation ("the Company") is committed to a policy of nondiscrimination and equal opportunity for all qualified employees and qualified applicants without regard to race, creed, color, national origin, sex, religion, age, disability, sexual orientation, genetic predisposition or carrier status, membership in the uniformed services, citizenship status, marital status, or any other characteristic protected by applicable federal, state or local law.

PLEASE PRINT - BE SURE TO SIGN THIS APPLICATION

PERSONAL				
Last Name	First Name	Middle Initial		
Present Address	City	State	Zip	Home Telephone No. () _____ - _____
Permanent Address (if different)	City	State	Zip	Cell Phone No. () _____ - _____
Position desired:				Email Address
SALARY DESIRED:				Date you can start:

How did you hear of the position you are applying for?

- Advertisement Employment Agency Website
 State Employment Agency Company Employee (state name) _____
 Other (specify) _____

Are you over 18 years of age? Yes No If no, can you submit a work permit? Yes No

Are you legally authorized to work in the United States? Yes No

Please remember that having an H1-B visa does not constitute authorization to work in the United States for any employer other than the employer who sponsored you for that H1-B visa.

Pursuant to the Immigration Reform and Control Act of 1986, all applicants, upon being made an offer of employment, must produce documents, which are specified by the federal government, establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy two (72) hours after commencement of employment. You will also be required to sign Form I-9 (issued by the federal government) verifying, under oath, your employment authorization.

- Are you available to work? Full-time Part-time Temporary
 Can you travel, if the job requires it? Yes No
 Have you ever been employed by Black Micro Corporation before? Yes No
 If yes, give location and dates _____
 Do you have any relatives employed at Black Micro Corporation? Yes No
 If yes, give name(s) and relationship(s) _____

EDUCATION

HIGH SCHOOL Name/City/State	Did you graduate from this high school? Y or N If no, what grade did you complete?	Do you have a GED? Y or N Name/City/State of Issuing Institution:	
UNIVERSITY OR COLLEGE Name and Location	Major	Did You Graduate Y/N?	Degree Received
1.			
2.			
3.			
OTHER EDUCATION (Trade, Tech, etc.) 1.			
2.			

PROFESSIONAL STATUS/LICENSES

List and describe any special professional societies or accomplishments (such as published articles, special studies made, fellowships, scholarships, honors or recognitions received) include P.E. registrations and states if appropriate.

CERTIFICATIONS

Certification Name: _____

Certification Authority: _____

List any other training, qualifications or skills which you feel make you especially suited to work for the Company:

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed. _____
(Note: We comply with the ADA and will implement reasonable accommodations as may be necessary for eligible applicants/employees to perform essential job functions.)

EMPLOYMENT HISTORY

List all jobs including self-employment or periods of unemployment in excess of one month as separate items. Begin with the most recent. This section **must be completed** entirely even if you are submitting a resume.

1. Employer (Present)	Street Address, City, State, Zip		
Supervisor (Name & Title)	Your Job Title		
Brief Description of your Duties:	From (Mo./Yr.)	To (Mo./Yr.)	Reason for Leaving:
Area Code/Telephone No.			
2. Employer	Street Address, City, State, Zip		
Supervisor (Name & Title)	Your Job Title		Phone Number
Brief Description of your Duties:	From (Mo./Yr.)	To (Mo./Yr.)	Reason for Leaving:
3. Employer	Street Address, City, State, Zip		
Supervisor (Name & Title)	Your Job Title		Phone Number
Brief Description of your Duties:	From (Mo./Yr.)	To (Mo./Yr.)	Reason for Leaving:
4. Employer	Street Address, City, State, Zip		
Supervisor (Name & Title)	Your Job Title		Phone Number
Brief Description of your Duties:	From (Mo./Yr.)	To (Mo./Yr.)	Reason for Leaving:

NOTE: All information from previous employers/schools/colleges and/or universities documented on this application will be verified. At the applicant's request, his/her current employer will *not* be contacted prior to: _____.

date

You may contact my current employer YES NO

Signature _____
(Applicant)

Date _____

REFERENCES

(List four persons familiar with your technical ability whom we may contact. Exclude relatives.)

Name (Last, First)	Address, City, State, Zip	Area Code/Telephone No.
1.		
2.		
3.		
4.		

I hereby authorize Black Micro Corporation to contact any of the above references. I further authorize such references to release any information concerning me as they deem appropriate. I release and forever discharge the Company, and its affiliated companies, successors, assigns, former or current shareholders, officers, directors, employees, agents, attorneys and representatives, and the above-named references, their agents and employees, from any and all liability, suits or causes of action arising in any manner from Black Micro Corporation contacting such references. ***I understand that this Release prevents me from instituting any claim, lawsuit or other legal action based on any information any reference provides to the Company.***

Applicant Signature _____ Date _____

All applicants who receive a conditional job offer will be required to submit to a urinalysis test to be performed by a laboratory chosen by the Company. All applicants' job offers will be contingent upon the applicant passing the urinalysis test. This test will be used to determine the presence of illegal substances and prescription drugs. The lab will report to Black Micro Corporation as to whether illegal or un-prescribed drugs were detected by the test. A verified positive test result for the presence of illegal or un-prescribed drugs will disqualify the applicant for employment by the Company.

Applicant Signature _____ Date _____

I understand that this application is only valid for the position applied for at the present time and that Black Micro Corporation is not obligated to retain or consider this application for future openings.

Initial

If employed by the Company, I agree that I will abide by all Company policies and rules. I acknowledge that, except for the condition that my employment shall be at-will, Company policies and rules may be changed, interpreted, withdrawn, or supplemented by Black Micro Corporation at any time, with or without prior notice to me.

Initial

I agree and understand that if I am offered a position at the Company, it will be offered on the condition that my employment shall be at-will and for no definite period and that I have no express or implied contractual rights to continued employment with the Company. I understand that just as I have the right to terminate my employment at any time, for any or no reason, Black Micro Corporation also has the right to terminate my employment at any time, for any or no reason, with or without cause or notice. Your work schedule and job duties are subject to modification by Black Micro Corporation at any time. I understand that, except for the President/CEO of the Company, no supervisor or manager may alter or amend the conditions stated in this paragraph. Only the President/CEO of Black Micro Corporation has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing and recorded with the TPC Vice President of Human Resources in the offer letter.

Initial

I certify that the statements contained herein are true, complete and correct, to the best of my knowledge. I understand that any falsification, misrepresentation or omission of information shall be sufficient reason to withdraw an offer or discharge me if employed.

Initial

By signing and submitting this application for employment, I acknowledge and agree to submit to binding arbitration all disputes between myself and Black Micro Corporation or any of its affiliates, including, but not limited to, those relating to the employment application process, corporate due diligence specialists' investigation, if any, into my background, the terms and conditions of my employment (if hired), the termination of my employment with the Company, any alleged violations of federal, state, and/or local statute, any claims based on any purported breach of duty arising in contract, tort or statute, including breach of contract, breach of the covenant of good faith and fair dealing, violation of statutory, contractual or common-law rights, but excluding workers' compensation claims, unemployment insurance matters, and any matter with the exclusive jurisdiction of the state labor commissioner or the National Labor Relations Board, pursuant to the Company's arbitration procedures which have been provided to me and as they may be amended from time to time. I hereby agree to waive any right to seek resolution of such disputes or claims in any other forum, unless otherwise proved by law. I understand that this is a waiver of my right to a jury trial. Pursuant to the terms of this agreement to arbitrate, only an arbitrator can decide the issues covered by the agreement or decide whether a particular dispute is within the scope of this arbitration agreement. I understand that this arbitration agreement also applies to claims which Black Micro Corporation may have against me.

Initial

Neither the acceptance of your application nor hiring nor discussion leading to hiring nor continuance of employment is to be construed as a contract of employment, a promise of continued employment, or as creating an implied or contractual duty between you and the Company. Your employment can be terminated by you or by Black Micro Corporation at any time with or without cause and with or without notice. Any representation by any person to the contrary is null and void, except a written contract executed by the President of Black Micro Corporation. Your work schedule and job duties are subject to modification by Black Micro Corporation any time. Your signature below acknowledges your understanding of these conditions.

Black Micro Corporation
P.O. Box 24667 GMF
Barrigada, Guam 96921
(671) 646-4861 Phone
(671) 646-9086 Fax

APPLICANT -- PLEASE SIGN AND DATE HERE

Signature	Date
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This application will be considered "active" until the position for which you have applied has been filled.

FOR COMPANY USE ONLY

INTERVIEWED BY: 1. _____

 2. _____