



APPLICATION FOR EMPLOYMENT

Please complete all sections thoroughly. Please type or print in ink. Genscape, Inc is an equal opportunity employer. It is our policy to abide by all federal, state, and local laws, ordinances and regulations prohibiting employment discrimination.

PERSONAL INFORMATION			
DATE OF APPLICATION		SOCIAL SECURITY NUMBER	
LAST NAME	FIRST NAME	MIDDLE	
ADDRESS	CITY	STATE	ZIP CODE
PREVIOUS ADDRESS (If you have been at your current address for less than 5 years)			
HOME TELEPHONE ()		ALTERNATE or CELLULAR PHONE ()	
HOW DID YOU HEAR ABOUT GENSCAPE, INC?		E-MAIL ADDRESS	

EMPLOYMENT DESIRED			
POSITION DESIRED / APPLYING FOR:	Full Time	Part Time	Other
DATE AVAILABLE:	SALARY DESIRED:		

EDUCATION				
SCHOOL NAME AND LOCATION	DATES ATTENDED	GRADUATED YES OR NO	COURSES OF STUDY	GPA
HIGH SCHOOL			DEGREE	
			MAJOR	
COLLEGE			DEGREE	
			MAJOR	
GRADUATE SCHOOL			DEGREE	
			MAJOR	
OTHER (SPECIFY)			DEGREE	
			MAJOR	

Have you ever applied to Genscape, Inc. before? Yes No If so, when? _____

Have you been convicted of any felony in the past seven years?
(Please do not include convictions for which the record has been judicially ordered sealed, expunged or statutorily eradicated.) Yes No

Conviction will not necessarily disqualify an applicant from employment. Factors such as age and time of the offense, seriousness and nature of the violation, among other factors will be considered.

If yes, please explain:

CURRENT/MOST RECENT EMPLOYER			
LIST YOUR LAST THREE EMPLOYERS BEGINNING WITH THE MOST RECENT			
EMPLOYER	DATES EMPLOYED FROM TO		WORK PERFORMED
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE NUMBER(S)	HOURLY RATE/SALARY STARTING ENDING		
JOB TITLE	SUPERVISOR'S NAME		
REASON FOR LEAVING			

PAST EMPLOYERS		
EMPLOYER	DATES EMPLOYED FROM TO	WORK PERFORMED
ADDRESS		
CITY, STATE, ZIP		
TELEPHONE NUMBER(S)	HOURLY RATE/SALARY STARTING ENDING	
JOB TITLE		
SUPERVISOR'S NAME		
REASON FOR LEAVING		

EMPLOYER	DATES EMPLOYED FROM TO	WORK PERFORMED
ADDRESS		
CITY, STATE, ZIP		
TELEPHONE NUMBER(S)	HOURLY RATE/SALARY STARTING ENDING	
JOB TITLE		
SUPERVISOR'S NAME		
REASON FOR LEAVING		

PROFESSIONAL REFERENCES	
NAME	COMPANY
PHONE NUMBER 1	PHONE NUMBER 2
NAME	COMPANY
PHONE NUMBER 1	PHONE NUMBER 2
NAME	COMPANY
PHONE NUMBER 1	PHONE NUMBER 2

PERSONAL REFERENCES	
NAME	RELATIONSHIP
PHONE NUMBER 1	PHONE NUMBER 2
NAME	RELATIONSHIP
PHONE NUMBER 1	PHONE NUMBER 2
NAME	RELATIONSHIP
PHONE NUMBER 1	PHONE NUMBER 2

EMPLOYMENT STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. If hired, I understand and agree that any false statement or answers or any material omission is sufficient cause for dismissal, and I release Genscape, Inc, Inc from all liability if employment is terminated for false statements, answers or omissions.

I authorize investigation of all information contained in this application, including my qualifications, character and/or ability from former employers, schools or individuals given as references.

May we contact your current employer? YES _____ NO _____

If hired, I will comply with all GENSCAPE, INC policies, rules and regulations.

I UNDERSTAND THAT THIS APPLICATION IS NOT AND IS NOT INTENDED TO BE A CONTRACT OF EMPLOYMENT. I FURTHER UNDERSTAND THAT IF HIRED, MY EMPLOYMENT CAN BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE, WITH OR WITHOUT NOTICE, EITHER VOLUNTARILY OR INVOLUNTARILY. IF HIRED, I UNDERSTAND THAT MY EMPLOYMENT WILL BE SUBJECT TO A 90 DAY INTRODUCTORY PERIOD. COMPLETION OF THE INTRODUCTORY PERIOD DOES NOT IN ANY WAY ALTER THE "AT-WILL" NATURE OF MY EMPLOYMENT.

If offered employment at Genscape, Inc, Inc, I understand that I will be required to provide verification of my employment eligibility in the United States.

Genscape, Inc. is an equal opportunity employer and adheres to the principles and practices outlined in the Civil Rights Act of 1964, which prohibits discrimination in employment on the basis of race, sex, religion, disability or national origin and Public Law 90-202 which prohibits discrimination based on age.

I HAVE READ IN FULL, UNDERSTAND AND AGREE TO THE FOREGOING STATEMENTS AND CONDITIONS.

Applicant Name (Printed) _____

Signature of Applicant _____

Date _____