



PLEXUS COMMUNICATIONS GROUP Employment Application

2520 Lord Baltimore Drive, Suite W
Baltimore, Maryland 21244

<http://www.plexus-group.net>

Office: (410) 265-1818 • Fax: (410) 265-1984

Plexus Group is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

All applicants are subject to drug testing as a condition of employment.

Personal Data

Application Date:

Last Name	First Name	Middle Initial

Street Address	Apt. No.	City	State	Zip Code

Social Security Number	Home Telephone	Daytime Telephone
- -	- -	- -

How were you referred to Plexus?	
If Other, please explain:	

Are you 18 years of age or older?		If under 18, can you submit a valid work permit?	
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Have you ever been convicted of a crime?		If convicted of a crime was "yes", please explain below:
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Position Preferences

For what position are you applying?	
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Salary desired	per	Schedule desired	Hours Per Week	Can you work overtime?

What date could you start work?	Could you travel if required by this position?
/ /	, % of Time

Education

High School			
School Name		City	State
Did you graduate?	# of Years Completed	Grade Point Average	Did you receive a GED?

College			
School Name		City	State
Did you graduate?	# of Years Completed	Grade Point Average	Degree Received
Major or Subject			

College			
School Name		City	State
Did you graduate?	# of Years Completed	Grade Point Average	Degree Received
Major or Subject			

College			
School Name		City	State
Did you graduate?	# of Years Completed	Grade Point Average	Degree Received
Major or Subject			

College			
School Name		City	State
Did you graduate?	# of Years Completed	Grade Point Average	Degree Received
Major or Subject			

List any certificates earned or in progress, and/or any additional training programs not included in your formal education:

List any Professional Affiliations to which you belong (please do not list activities which would indicate age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability):

Previous Employment

List your job experience, beginning with current or most recent employment first. Include any work-related internships, military service, and volunteer work.

Current Employer							
Address			City		State	Telephone No.	
						- -	
Supervisor's Name and Title							
Position Title							
Reason for Leaving							
Salary		Per		Dates of Employment			
May we contact your employer?			From:	/	To:	/	
Summarize your major job duties and responsibilities below:							

Previous Employer							
Address			City		State	Telephone No.	
						- -	
Supervisor's Name and Title							
Position Title							
Reason for Leaving							
Salary		Per		Dates of Employment			
May we contact this employer?			From:	/	To:	/	
Summarize your major job duties and responsibilities below:							

Previous Employer							
Address			City		State	Telephone No.	
						- -	
Supervisor's Name and Title							
Position Title							
Reason for Leaving							
Salary		Per		Dates of Employment			
May we contact this employer?			From:	/	To:	/	
Summarize your major job duties and responsibilities below:							

Previous Employer					
Address		City		State	Telephone No.
					- -
Supervisor's Name and Title					
Position Title					
Reason for Leaving					
Salary		Per		Dates of Employment	
May we contact this employer?			From:	/	To: /
Summarize your major job duties and responsibilities below:					

Previous Employer					
Address		City		State	Telephone No.
					- -
Supervisor's Name and Title					
Position Title					
Reason for Leaving					
Salary		Per		Dates of Employment	
May we contact this employer?			From:	/	To: /
Summarize your major job duties and responsibilities below:					

Professional References

List three persons not related to you who have knowledge of your work performance within the last three years.

Name	
Title	
Type of Relationship	
Telephone Number	- -

Name	
Title	
Type of Relationship	
Telephone Number	- -

Name	
Title	
Type of Relationship	
Telephone Number	- -

Applicant's Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience, along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences, as well as claims involving me in the files of insurance companies. I authorize, without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from Plexus Group and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

Initials		
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All hiring and employment at Plexus Group is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by Plexus Group has no specific term and may be terminated by the employee or Plexus Group with or without notice. I acknowledge that Plexus Group has not made any promises or representations that differ from those contained in this paragraph.

I understand that I must provide satisfactory documents to establish my identity and right to work in the United States if I am offered a position with Plexus Group, and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to Plexus Group. I agree to release and hold harmless Plexus Group from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Plexus Group may be terminated.

Applicant's Signature	Date
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Please submit a resume with this Employment Application.

Applicant Release

Plexus Group, Inc.

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience, along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences, as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from Plexus Group and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

Applicant's Signature	Date

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose:

First Name		Middle Name		Last Name	
Other names you have used				Dates used	
				/ / / /	
Social Security Number		Home Telephone		Daytime Telephone	
- -		- -		- -	
Gender		Date of Birth (mm/dd/yyyy)		/ /	
Current Drivers License #				Issuing State	
Other Drivers License #s (last 7 years)				Issuing State	
Home Addresses for the last 7 years, list most current first:					
Street Address		Apt. No.	City		State Zip Code
Country			Dates	From: /	To: /
Street Address		Apt. No.	City		State Zip Code
Country			Dates	From: /	To: /
Street Address		Apt. No.	City		State Zip Code
Country			Dates	From: /	To: /
Street Address		Apt. No.	City		State Zip Code
Country			Dates	From: /	To: /
Street Address		Apt. No.	City		State Zip Code
Country			Dates	From: /	To: /

Equal Employment Opportunity Data

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personnel record if you are hired by this company.

Name	
Gender	
Race/Ethnicity	

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please indicate where applicable.

Vietnam Era Veteran	
Disabled Veteran	
Individual with a disability	