APPLICATION FOR EMPLOYMENT INNERVISION, INC. P.O. BOX 31083 CHARLOTTE, NC 28231

Instructions: P form.	•	,	arly in black ini	k. Answ	er all ques	tions. A	Attach R	esume . Sign a	and date the
Position (s) Ap	pilea F	or: 							
PERSONAL IN	_	_							
First Name							Middle	Initial	
Last Name Social Security					Date of	Rirth	-		
Street Address									
City,		State,	Zip C	Code					-
Phone Number	r (s)				Email a	ddress	i		
Have you ever you currently? traffic violation If yes, to either	Yes ns. Plea	No ise note	Please resp e: criminal cor	ond fo	r any viola n is not au	itions i tomati	includin c groun	•	ors and/or
What office ski Windows	ills do y Excel	ou have	e? (please che					E-mail	Internet
Do you posses Have you had a If yes, explain:	any traf	fic viola	itions within t	he past	5 years?		Yes No	No	
Days Available Sun. Mo		Tues.	Wed.	Th.	Fri.	Sat.			
Hours Availabl	e: From				Flexible)			
What date are	you ava	ilable to	start work?						

EDUCATION: Name and Address of College(s)/ High School	Major Degree/Diploma	Graduation Date
Skills and Qualifications: Licenses, Certificates,	Training, Awards	
EMDI OVMENT HISTODY. Poginning with you	ur most recent ampleyment.	
EMPLOYMENT HISTORY: Beginning with you	ir most recent employment:	
Present or Last Position: Employer:		
Address:		
Your Supervisor:		
Phone:		
Email:Your Position Title:		
From: To:		
Responsibilities:		
Previous Position: Employer:		
Address:		
Your Supervisor:	· · · · · · · · · · · · · · · · · · ·	
Phone:		
Email:		
Your Position Title:	С 1 ф	
From: To: Responsibilities:		
Responsibilities:		
Reason For Leaving:		
Previous Position:		
Employer:		
Address:		
Your Supervisor:		
Phone:		
Email:		
Your Position Title:		
From: To:	Salary: \$	
Responsibilities:		
Reason For Leaving: May We Contact Your Present Employer? Yes	No Past employers? Y	Yes No

Name 1.	ences: Company/Title	Address	Telephone Number		
2					
3					

I hereby grant permission for InnerVision Inc. to contact and investigate me for the purpose of this employment application process with my current and former employers and all pertinent parties. I indemnify, release and forever discharge and hold InnerVision Inc, and its officers, agents, employees and all third parties supplying such information, harmless from any and all claims, demands, judgement and legal fees arising out of or in connection with this investigation, the results, or any lawful use of the results or disclosure thereto.

My signature below hereby affirms that the information set forth in this application is complete, accurate and true to the best of my knowledge. I further affirm that I have completed the application and have not withheld any information or response to any questions. I understand and agree that any misrepresentation or omission of facts on this application or during the interview process, regardless of when discovered, may result in the refusal of employment, or if I have already been employed by InnerVision Inc. will constitute cause for my immediate termination.

At-Will Employment Statement

I further understand that if selected for employment that my employment is at will, and neither InnerVision Inc. nor myself has entered into a contract regarding the duration of my employment. I am free to terminate my employment with InnerVision Inc. at any time, with or without reason. Likewise, InnerVision Inc. has the right to terminate my employment, or otherwise discipline, transfer, or demote me at any time, with or without reason, at the discretion of InnerVision Inc. No employee of InnerVision Inc. can enter into an employment contract for a specified period of time, or make any agreement contrary to this policy without the written approval from the Chief Executive Officer.

Print Name of Applicant:	
Signature of Applicant:	
Date:	

InnerVision Inc. is an equal opportunity employer and does not discriminate on the basis of age, race, creed, color, religion, national origin, sex, disability, marital status or military status.