

Exxact Express, Inc.  
(Equal Opportunity Employer)  
Application for Employment

Date: \_\_\_\_\_

Personal Information

Name: (Last, First) \_\_\_\_\_

Social Security No: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Permanent Address: (if different from above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Referred By: \_\_\_\_\_

Employment Desired

Position: \_\_\_\_\_ Date Available: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are You Employed?  Yes  No If so, may we inquire of your present employer?  Yes  No

Ever applied to this company before?  Yes  No When? \_\_\_\_\_

Educational Information

|                                    | Name & Location | Years Attended | Degree (Y/N) | Subjects |
|------------------------------------|-----------------|----------------|--------------|----------|
| Grammar School                     |                 |                |              |          |
| High School                        |                 |                |              |          |
| College                            |                 |                |              |          |
| Trade, Business, or Correspondence |                 |                |              |          |

Subjects of Special Study / Research Work or Special Training / Qualifications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

U.S. Military or Naval Service: \_\_\_\_\_ Rank: \_\_\_\_\_

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Former Employers

(List below last four employers, starting with most recent one first)

| <u>Date (month/year)</u> | <u>Name &amp; Address of Employer</u> | <u>Position / Salary</u> | <u>Reason for Leaving</u> |
|--------------------------|---------------------------------------|--------------------------|---------------------------|
| From:                    |                                       |                          |                           |
| To:                      |                                       |                          |                           |
| From:                    |                                       |                          |                           |
| To:                      |                                       |                          |                           |
| From:                    |                                       |                          |                           |
| To:                      |                                       |                          |                           |
| From:                    |                                       |                          |                           |
| To:                      |                                       |                          |                           |

References

(Give below the names of three persons not related to you, whom you have known for at least one year.)

| <u>Name</u> | <u>Address</u> | <u>Phone Number</u> | <u>Relation to You</u> | <u>Yrs. Known</u> |
|-------------|----------------|---------------------|------------------------|-------------------|
|             |                |                     |                        |                   |
|             |                |                     |                        |                   |
|             |                |                     |                        |                   |

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

\*This applicatin may be faxed or mailed to Exxact Express, Inc.

Fax: (863) 688-7660

Mailing Address:

P.O. Box 95545

Lakleand, FL 33804-5545