

Employment Application

REM SLEEP LABS, INC. IS AN EQUAL OPPORTUNITY EMPLOYER. ALL CANDIDATES FOR EMPLOYMENT ARE REVIEWED WITHOUT REGARD TO RACE, RELIGION, COLOR, AGE, GENDER, NATIONAL ORIGIN, SEXUAL ORIENTATION, CITIZENSHIP, MARITAL STATUS, VETERAN STATUS OR DISABILITY.

PERSONAL DATA (Please Print)			
Name (last, First, M.I.)		Social Security Number	Date
Address Street Number		Apt. No.	City
		County	State
Zip Code			
Home Phone Number ()	Business Phone Number ()	How were you referred to us?	
Are you a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, are you authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been convicted of a crime? If YES, please explain: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Email Address:		Person to contact in case of emergency:	Phone Number ()
POSITION APPLIED FOR:		Salary Desired	
Hours <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer	Hours Available if Part-Time:		
Have you ever worked for REM Sleep labs Inc.? If YES, when & where? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you previously applied for employment at REM sleep Labs inc? If YES, when? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION			
HIGH SCHOOL - Name of School, City, State, Zip Code		From (Mo./Yr.)	To (Mo./Yr.)
		Major	
		GPA	Did you graduate? ___ YES ___ NO
COLLEGE / UNIVERSITY - name of School, City, State, Zip Code		From (Mo./Yr.)	To (Mo./Yr.)
		Major	
		GPA	Did you graduate? ___ YES ___ NO
		Degree Received	
GRADUATE SCHOOL - Name of School, City, State, Zip Code		From (Mo./Yr.)	To (Mo./Yr.)
		Major	
		GPA	Did you graduate? ___ YES ___ NO
		Degree Received	
OTHER / NOW ATTENDING - Name of School, City, State, Zip Code		From (Mo./Yr.)	To (Mo./Yr.)
		Major	
		GPA	Did you graduate? ___ YES ___ NO
		Degree Received	
Activities, Offices, Honors, etc.			

PROFESSIONAL / TECHNICAL BACKGROUND

Professional Credentials (CLU, CPCU, CPA, CFA, etc.)

PC/Software applications (word processing, spreadsheets, etc.)

Additional job related skills

MILITARY

Branch of Military Service	From (Mo./Yr.)	To (Mo./Yr.)	Rate or Rank	Security Clearance
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EMPLOYMENT HISTORY

Name of Current or Most Recent Employer	Phone Number ()
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Employer Address (Street, City, State, Zip Code)

Position Title	Supervisor Name and Title
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Duties and Responsibilities

Dates of Employment (Mo./Yr.)	Reason for Leaving
From: To:	

Starting Base Salary *	Ending Base Salary *	Bonus	Other Compensation
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Name of Previous Employer	Phone Number ()
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Employer Address (Street, City, State, Zip Code)

Position Title	Supervisor Name and Title
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Duties and Responsibilities

Dates of Employment (Mo./Yr.)	Reason for Leaving
From: To:	

Starting Base Salary *	Ending Base Salary *	Bonus	Other Compensation
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*** List base salary only. The ending base salary for a current employer should reflect present and not anticipated earnings. Bonus, commission, incentive, and any other forms of additional compensation should be noted in the boxes provided.**

EMPLOYMENT HISTORY (Continued)

Name of Previous Employer		Phone Number ()	
Employer Address (Street, City, State, Zip Code)			
Position Title		Supervisor Name and Title	
Duties and Responsibilities _____			
Dates of Employment (Mo./Yr.) From: To:		Reason for Leaving	
Starting Base Salary	Ending Base Salary *	Bonus	Other Compensation

Name of Previous Employer		Phone Number ()	
Employer Address (Street, City, State, Zip Code)			
Position Title		Supervisor Name and Title	
Duties and Responsibilities _____			
Dates of Employment (Mo./Yr.) From: To:		Reason for Leaving	
Starting Base Salary	Ending Base Salary *	Bonus	Other Compensation

*** List base salary only. Bonus, commission, incentive and any other form of additional compensation should be noted in the boxes**

If you were unemployed during any period since leaving school, please explain: _____

IMPORTANT NOTICE

By signing this application, I understand and agree to the following:

Neither this document nor any other company procedures and communications are intended to be interpreted as a promise or guarantee of future or continued employment or as stating provisions and terms of employment. REM SLEEP LABS, INC. and REM SLEEP LABS, INC. employees recognize their mutual right to end their employment or relationship at any time and acknowledge that such relationship is one of employment at will. Except with respect to employment at will, REM SLEEP LABS, INC. reserves the right to change or make exceptions to its Human Resources policies, documents, procedures and benefits, including those for retirees, at any time without notice. No representative of REM SLEEP LABS, INC. has any authority to make any agreement to the contrary.

I understand that there will be a three month probation period during which I will be under extensive evaluation. During the three month probation period, REM SLEEP LABS, INC. reserves the right to terminate my employment for any given reason.

It is REM SLEEP LABS, INC.'S policy to verify pertinent educational and employment information and, where required, personal data contained in this application. Accordingly, I hereby authorize REM SLEEP LABS, INC. or those acting on its behalf to investigate any or all statements contained in this application. I certify that the above statements are true and correct to the best of my knowledge and that any misstatement may result in termination from REM SLEEP LABS, INC. at any time. To enable REM SLEEP LABS, INC. to fulfill its responsibilities under the Immigration and Control Act of 1986, employment is subject to providing proof of identity and authorization to work in the United States satisfactory to REM SLEEP LABS, INC.

Applicant's Signature _____

Date _____

Pre-Employment Notice and Release

Thank you for considering employment at REM SLEEP LABS, INC.. Your interest in our organization is appreciated. Please note that employment with REM SLEEP LABS, INC. is conditional on the successful completion of all background investigations.

PRE-EMPLOYMENT AUTHORIZATION AND RELEASE

As an applicant for employment, I understand that REM SLEEP LABS, INC. wishes to investigate my background. To the fullest extent permitted by law, I authorize REM SLEEP LABS, INC. or its representatives to verify my employment history, academic and professional credentials, and other data that may help REM SLEEP LABS, INC. analyze my qualifications for employment. For this purpose, I also authorize REM SLEEP LABS, INC. or its representatives to contact individuals and organizations, including but not limited to, former employers, educational institutions, business references and government agencies. I agree to release the foregoing individuals and organizations, as well as REM SLEEP LABS, INC., its officers, directors, agents, attorneys and employees from all liability, causes of action, claims or demands, which may result from my authorizing them to investigate my background and from furnishing and/or using information in conjunction with such investigation (REM SLEEP LABS, INC. will communicate with your current employer only with consent).

APPLICANT SIGNATURE: _____ DATE: _____