



Molecular Imprints, Inc.

# Application for Employment

1807 W. Braker Lane, C-100, Austin, TX 78758  
512-339-7760 (phone) 512-339-7476 (fax)

Molecular Imprints, Inc. is an Equal Opportunity/Affirmative Action Employer and voluntarily complies with Federal, State and Municipal Laws that prohibit discrimination in employment because of race, color, religion, sex, national origin, age, handicap or veteran status.

**Instructions:**

1. Type or print in blue or black ink. No Pencil accepted.
2. Answer each question. "See Resume" not accepted.
3. Read declaration carefully – then sign and date.

Name – Last, First, Middle Initial					Social Security No								
Present Address Street			City		State		Zip			Home Phone (Incl. Area Code) ( )		Alternate Phone (Inc. Area Code) ( )	
Mailing Address (if different from above)					Are you legally eligible for employment in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No								
What Position are you applying for?					Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Have you ever been convicted of a felony? (Record of conviction does not disqualify the Applicant from employment consideration.) <input type="checkbox"/> Yes <input type="checkbox"/> No					May we contact your present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If Yes, please explain:					Wage or Salary Required			Date Available					
At any previous time, have you applied for work or any other position at Molecular Imprints, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No					Have you ever been previously employed with Molecular Imprints, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If Yes, when and at what location:					If Yes, when and at what location:								
List any relatives currently employed by Molecular Imprints, Inc.:													
How were you Referred? (Circle one)	By Your College	Advertisement	Employment Agency	By an Employee	Military Service	Walk-In	Career Ctr/ Open House	State Employment Service	Other				
Are you able to perform the essential functions of this job with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No					Are you able or willing to work any of the following shifts? <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night								
					Are you able or willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No								
					Are you able to work a compressed workweek? <input type="checkbox"/> Yes <input type="checkbox"/> No								
<b>EDUCATION</b> (List below all schools attended including Business, Vocational, Night, Military, College, etc. Attach transcripts of academic records if readily available.)													
Type of School	Name and Address of School				Major Course of Study			Degree and Date Received					
High School													
College													
Graduate School													
Trade School													
Other													
Thesis Title – Graduate													
Publications, Special Study or Research													

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College or University: 1 2 3 4 5 Graduate School: 1 2 3 4



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## EMPLOYMENT

(List all employment (include U.S. Military Service). Start with present or most recent position. Include all jobs (or last four jobs, whichever is less). You may attach a resume for additional information.)

Dates				Name and Address of Employer	Job Title	Supervisor Name and Title	Salary		Reason for Leaving
From		To					Starting	Current or Ending	
Mo.	Yr.	Mo.	Yr.						
Mo.	Yr.	Mo.	Yr.						
Mo.	Yr.	Mo.	Yr.						
Mo.	Yr.	Mo.	Yr.						
Mo.	Yr.	Mo.	Yr.						

What knowledge, special technical or computer skills, and/or other qualifications have you acquired from employment or other experience? Include any specific equipment that you can proficiently operate.

## OUTSIDE ACTIVITIES

Professional memberships, certificates or licenses held.  
(Exclude those indicating race, color, religion, sex, national origin, age, handicap, or Veteran status).

## PROFESSIONAL/WORK REFERENCES WE MAY CONTACT

(Also include at least two past or current supervisors) (Incl. Area Codes)

Name	Title	Name	Title
Employed By	Business Phone ( )	Employed By	Business Phone ( )
Employer Address		Employer Address	
Name	Title	Name	Title
Employed By	Business Phone ( )	Employed By	Business Phone ( )
Employer Address		Employer Address	

## Security Information

Persons employed at Molecular Imprints, Inc. have access to confidential information regarding various phases of Company business. Therefore, the Company follows the usual practice of requiring new employees, at the time of employment, to sign a proprietary information and conflict of interest agreement. Information concerning competitors operation, products, designs or other proprietary information will not be solicited from an applicant for employment, or from the Company's employees. Molecular Imprints, Inc. will honor any valid post employment restrictions contained in an applicant's employment contract and fully respect the applicant's duty of loyalty and nondisclosure to an applicant's former employer.

## Affirmation (Important – Read Carefully)

I certify that the statements made by me on this application form and in the supplementary material furnished are true, correct, and complete to the best of my knowledge. I understand that any omission or misrepresentation of material fact may result in refusal or separation from employment. **I understand that Molecular Imprints, Inc. conducts background investigations prior to employment** and I agree to supply the information required by Molecular Imprints, Inc. to conduct a background investigation. I further understand that this background investigation may include, but may not be limited to, criminal conviction records, employment history verification educational verification, social security number verification, and credit check, etc. I hereby authorize the release of any information concerning me, written or not, in the possession of my present and former employers (if contact is specifically authorized above), supervisors, co-workers, schools, and any others who might be contacted by the company or its representatives with reference to my employment, and I hereby release them from any liability whatsoever. I understand that Molecular Imprints, Inc. is committed to providing a smoke free work environment. Furthermore, I understand that Molecular Imprints, Inc. is an "At-Will" employer and if I am employed with the company, my employment can terminate at any time with or without cause by either party.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_