EMPLOYMENT APPLICATION

NuStats is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in employment, promotion, compensation or working conditions.

Please Print	Date:
Applicant In	formation
Full Name:	
Address:	
City/State:	Zip Code
Telephone:	
Have you ever applied with this company before? Y_	N If Yes, when
Do you have friends or relatives working for NuStat	s? Y N
If yes, state name and relationship:	
How did you hear about us/this opening?	
Have you in the last 10 years been convicted of a fel convictions)? Y N	ony (excluding any sealed or expunged
the position(s) applied for may, however, be conside If yes, explain:	red.)
General Information Abou	ut Employment Desired
Position for which you are applying:	Full-time or Part-time
If part-time, hours per week desired:	Are you available on weekends?
Days of week you are available to work:	Hours you are available to work:
If hired, on what date could you start work?	
Are you able to travel on company business*?	% Time willing to travel:
Hourly rate of pay or monthly salary desired: §	

^{*}If required for the position you are seeking.

Education and Training (include on-the-job training)

	School/Sponsor	Course of Study	Dates Attended
High School			
Community College			
Trade School			
College/University			
Seminars/Other			

Employment History:

List all previous employers starting with your present or most recent position (last 10 years is sufficient) below.

Name of Company:				
Name of Supervisor:				
ddress:				
	Street	City	State	Zip Code
Telephone: ()			
osition and Duties:				
Dates of employment:				
Name of Company:				
Name of Supervisor:				
Address:				
	Street	City	State	Zip Code
elephone: ()			
Position and Duties:				
Dates of employment:				
Name of Company:				
Name of Supervisor:				
Address:				
	Street	City	State	Zip Code
elephone: ()			
osition and Duties:				
Dates of employment:				

Name of Company:				
Name of Supervisor: Address:				
	Street	City	State	Zip Code
Telephone: ()			
Position and Duties:				
Dates of employment:				
Name of Company:				
Name of Supervisor:				
Address:				
	Street	City	State	Zip Code
Telephone: ()			
Position and Duties:				
Dates of employment:				
Name of Company:				
Name of Supervisor:				
Address:				
	Street	City	State	Zip Code
Telephone: (Position and Duties:)			
Dates of employment:				

Please read and initial each paragraph below.

Ap	oplicant's Signature Date
	y signature below certifies that I have read and understand this complete page, and agree to the terms d conditions outlined in this document.
	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery
	I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on first day of employment
	I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or NuStats benefits, policies and procedures will not alter our-at-will and arbitration agreements
	I understand that nothing contained in the application or conveyed to me during any interview, which may be granted, is intended to create an employment contract, implied or explicit, between me and NuStats. In addition, I understand and agree that if I am employed, my employment with NuStats is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or NuStats and that no promises or representations contrary to the foregoing are binding on NuStats unless made in writing and signed jointly by the President/Vice-president/CEO and myself
	I hereby authorize NuStats to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release NuStats, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

SUBMIT APPLICATION