

DataXport.Net, LLC Employment Application

INSTRUCTIONS: Print in black or blue ink. If a question is not applicable, write N/A. **Do not leave any fields blank.** Sign and date when completed. DataXport is an Equal Opportunity Employer.

Name				SSN		Today's Date	
Mailing Address (S	Street, City, State	e, Zip Code)					
Daytime Phone	Alternate Phone			Emergency Contact (Name and Phone)			
Email Address				Valid Driv	er License or ID No.	State and Expiration Date	
Referred by? Or H	ow did you hear	about DataXpo	ort?			1	
Position Desired		Desired Schedule (circle all applicable) Full Time - Part Time - Seasonal/Temp - WE Program				able to Start	
List any schedule	restrictions, inclu	ding dates/time	es unavai	lable to wo	ork:	Willing to W	Vork Overtime?
If you answered "y giving dates and n may or may not dis	en subjected to a es" to either of th ature of the offer squalify you from may be required a High School I	deferred adjudine above questinse(s), name an employment. In to provide production or GEE	lication (s ions, plea nd locatio However, oof of dipl	sentenced ase explai t on of court(a false sta oma, degr	to probation) of any on in concise detail on s), and disposition of atement will disqualifulee, transcripts, licens which)	the back of the case(s). A copy you.	conviction alone
TYPE OF SCHOOL	<u> </u>	•		UATED? S/NO)	TYPE OF DEGREE OR CERTIFICATE		DE SCHEDULE RENT STUDENT)
Technical or Vocational							
College or University							
SPECIAL TRAINII equipment you car					training or skills you	possess and	office/computer
Assessment Scores	Net Typing Spee	ed (WPM)	Analytica	al Skills %	Customer Service M	lindset % Sp	elling/Grammar %
English Proficiency (Please circle one) None - Poor - Fair - Good - Excellent			Spanish Proficiency (Please circle one) None - Poor - Fair - Good - Excellent				



qualifications and duties in as murecorded here, even if a resume	ich detail as possible. Use	-			
Employer Name and Address		Telephone		Supervisor Name	
Title/Position Held	Dates Employed (r	nm/yy - mm/yy)	Average H	I Hours Worked Per Week	
Reason for Leaving	<u> </u>				
Summary of Experience/Duties F	Performed				
Employer Name and Address		Telephone		Supervisor Name	
Title/Position Held	Dates Employed (r	mm/yy - mm/yy)	Average Hours Worked Per Week		
Reason for Leaving	-		•		
Summary of Experience/Duties F	Performed				
Employer Name and Address		Telephone		Supervisor Name	
Title/Position Held	Dates Employed (r	mm/yy - mm/yy)	Average H	Hours Worked Per Week	
Reason for Leaving			•		
Summary of Experience/Duties F	Performed				
Employer Name and Address		Telephone		Supervisor Name	
Title/Position Held	Dates Employed (r	mm/yy - mm/yy)	Average H	Hours Worked Per Week	
Reason for Leaving	<u> </u>		.		
Summary of Experience/Duties F	Performed				



Please read the following statements carefully. By signing this application, you indicate your understanding and acceptance of the following:

- 1. I certify that all the information provided by me in connection with my application, whether on this document or provided separately, is true and complete, and I understand that any misstatement or falsification of information may be grounds for refusal to hire, or if hired, termination.
- 2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States. If I am offered employment at DataXport, I MUST provide these documents on or before my first day of employment. Documents must be on USCIS's list of acceptable documents for establishing identity and
 - employment authorization. Expired documents will NOT be accepted. The most common documents
 - A valid U.S. passport, U.S. passport card, or permanent resident card; OR
 - A valid photo ID AND one of the following: Social Security Card, birth certificate, or employment authorization document issued by the Department of Homeland Security.
- 3. I authorize any of the persons or organizations referenced in this application to provide DataXport.Net, LLC any and all information concerning my previous employment, education, or any other information, personal or otherwise, with regards to any of the subjects covered by this application, and I hereby release all such parties from all liability from any damages which may result from furnishing such information.
- 4. I understand that given the nature of work at DataXport and in order to be considered for employment, I will be responsible for obtaining a pre-employment background check and drug test at my expense. I understand that by signing below, I give consent to DataXport to request my full criminal background information from the Texas Department of Public Safety if necessary.
- 5. I understand that I may need to provide additional documentation in order to be considered for certain positions, such as a valid driver license and driving record, or applicable certifications.

THIS APPLICATION MUST BE SIGNED BY THE APPLICANT AND BY A DATAXPORT REPRESENTATIVE UPON RECEIPT

	Signature of Applicar	t	Date					
Signature of DX Representative				Date				
FOR INTERNAL USE ONLY - NOT TO BE COMPLETED BY APPLICANT								
Interview Date	Interview Time	Interviewer(s) Present						