



12360 66th Street N, Suite Y
Largo, FL 33773
Clearwater: 727-230-2095
Tampa: 813-600-5265
Toll Free: 866-724-8349
Fax: 727-230-2432
employment@networkfactor.net

7/30/07

Dear Applicant,

Thank you for your interest in Network Factor, Inc. We are a young energetic up-start company that is looking for positive enthusiastic self-starters that want to make a difference in the world of information technology. We are a rapidly growing technology, marketing and audio/video services and solutions development firm. Our IT outsourcing services are giving Network Factor, Inc. a strong presence in the IT industry. We focus on giving quality and value in a total systems solution to our clients.

Network Factor, Inc. wants to process your employment application promptly and effectively. Please apply only for the positions that are presently posted. Do not contact us regarding the position you have applied for, we will contact you for an interview or when the position is filled. You may personally deliver, fax, e-mail or mail your application and résumé to us.

Due to the sensitive nature of our business, we conduct extensive pre-employment screening. By signing below you, as an applicant, understand that Network Factor, Inc. will conduct pre-employment drug tests, background screenings, credit history checks and criminal background checks.

I, _____ have read, understand and give
Applicants full name printed.
Network Factor, Inc. full authorization to conduct extensive pre-employment background checks on myself prior to employment.

Applicants full name signature.

Date

Richard Hubbard
President and CEO
Network Factor, Inc.



NETWORK FACTOR, INC. EMPLOYMENT APPLICATION

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TITLE OF POSITION:					
NAME:		Last	First	M.I.	Social Security Number
HOME ADDRESS:		Street	Apt. #	City	State Zip
MAILING ADDRESS:		Street	Apt./PO Box #	City	State Zip
WORK PHONE: () ()	HOME PHONE: () ()	CELL PHONE: () ()		E-MAIL ADDRESS:	
Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No License #: _____ State Issued: _____ Expiration Date: _____ Class: <input type="checkbox"/> A, <input type="checkbox"/> B, <input type="checkbox"/> C, <input type="checkbox"/> D, <input type="checkbox"/> E, You Must provide proof of Auto Insurance				U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you possess official documentation which authorizes you to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List below all offenses against the law (to include traffic offenses) where you were found guilty, where charges are pending adjudication, where you pled guilty or nolo contendere, where adjudication was withheld, or where you were placed on probation or a supervised program. You do not have to list charges that were dropped or of which you were found innocent. Criminal convictions are not an automatic bar to employment and will only be considered in relation to the position for which you are applying. However, omissions or deceptive statements may disqualify you from examination, certification, appointment or retention.					
Date		Charge		City/County/State Disposition	
YOU MUST PASS A DRUG SCREEN AND BACKGROUND INVESTIGATION TO BE EMPLOYED					
Applications are the Property of Network Factor, Inc.					
Do you have any objections to your current employer being contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No					
I hereby certify that, to the best of my knowledge and belief, all statements made herein or attached hereto are complete and accurate. I understand that any erroneous statements contained herein may disqualify me from examination, certification, appointment, or retention.					
Full Name Signature					Date
NOTE: Applications must be signed and dated. Unsigned applications will not be processed.					
OFFICE USE ONLY					
Received Date: _____		Initial: _____		Grade: _____ Date: _____ Initial: _____	
Reviewed Date: _____		Initial: _____		Remarks: _____ _____ _____	
Remarks: _____ _____ _____		<input type="checkbox"/> Grade includes Vet Pref. Points <input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 2 YR <input type="checkbox"/> 4 YR SD/GED _____ COLLEGE _____ QTR HRS _____ SEM HRS _____ BC _____ FDLE _____ DD214 _____			



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EDUCATION This application is an important part of your examination. Please type or print legibly and complete all information.

Schools	Name and Address of School	Dates Attended From To	Answer below for each school to highest level completed
High School			Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have an Equivalency Certificate (GED)? <input type="checkbox"/> Yes <input type="checkbox"/> No GED Issued By (State): _____ Date GED Issued: _____ If no H/S Diploma or GED, Highest Grade Completed: _____
Community College			<input type="checkbox"/> Associate's Degree Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Graduated: _____ Expected Graduation Date _____ If not graduated, give total credit hours earned: Semester Hours: _____ or Quarter Hours: _____ Degree Major: _____ Minor: _____
Four Year College or University			<input type="checkbox"/> Bachelor's Degree Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Graduated: _____ Expected Graduation Date _____ If not graduated, give total credit hours earned: Semester Hours: _____ or Quarter Hours: _____ Degree Major: _____ Minor: _____
Graduate Studies			<input type="checkbox"/> Master's Degree Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Graduated: _____ Expected Graduation Date _____ If not graduated, give total credit hours earned: Semester Hours: _____ or Quarter Hours: _____ Degree Major: _____ Minor: _____
Vocational or Business			Hours Per Week Major Study Hours Completed Certificate/ Diploma Received: <input type="checkbox"/> Yes <input type="checkbox"/> No
Computer Training			Hours Per Week Major Study Hours Completed Certificate/ Diploma Received: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Occupational Licenses or Certificates:			Languages other than English Spoken Fluently: _____ Written Fluently: _____

EMPLOYMENT HISTORY - INCLUDE MILITARY SERVICE AS WORK HISTORY. START WITH CURRENT EMPLOYMENT.
Print clearly & give full work history. Explain any gaps in time & list any periods of unemployment. Incomplete or illegible applications will not be accepted.

Name of Firm, Corporation, etc.		Supervisor's Name		Phone Number	
Address			Dates Employed: Month and Year From: _____ To: _____		No. of Years
Title of Position		Number of Employees Supervised:	Salary Received	<input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time	No. Hrs./Wk.
Describe fully the nature of work performed:					
Reason for Leaving:					
Name of Firm, Corporation, etc.		Supervisor's Name		Phone Number	
Address			Dates Employed: Month and Year From: _____ To: _____		No. of Years
Title of Position		Number of Employees Supervised:	Salary Received	<input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time	No. Hrs./Wk.
Describe fully the nature of work performed:					
Reason for Leaving:					



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Address		Dates Employed: Month and Year From: _____ To: _____		No. of Years	
Title of Position		Number of Employees Supervised:		Salary Received	
				<input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time	
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NETWORK FACTOR, INC. PRE-EMPLOYMENT BACKGROUND CHECK

NOTICE TO APPLICANT:

It is the policy of Network Factor, Inc. that no applicant can be hired until an acceptable report of their background is received. Note that a criminal conviction does not necessarily disqualify you for employment. Any information received as a result of this investigation will be considered with specific reference to the type of employment applied for on an individualized basis. Falsification or withholding of information is grounds for rejection of your application or termination of employment.

APPLICANT INFORMATION: (Please Print Clearly)

Name: _____ Race: _____ Sex: _____

IF YOUR NAME HAS CHANGED, OR IF YOU HAVE USED AN ALIAS, PROVIDE DETAILS BELOW:

Previous Name: _____

Alias: _____

Location of Change: _____

Reason for Change: _____

WERE YOU EVER DISCHARGED, TERMINATED, FIRED OR FORCED TO RESIGN FROM A JOB? Yes No

If yes, explain, giving name and address of employer, approximate date, and reason in each case.

PLEASE READ AND SIGN THE STATEMENT BELOW.

YOUR APPLICATION CANNOT BE PROCESSED WITHOUT YOUR SIGNED AUTHORIZATION TO CONDUCT THIS BACKGROUND CHECK.

I hereby authorize Network Factor, Inc. to obtain information related to my background, including educational records, criminal history, driving record, employment history, credit history and other areas directly related to determining my suitability for employment I hereby direct all holders of such records and information to release same to authorized agents of Network Factor, Inc. I hereby release you, as the custodian of such records, from any and all liability associated with the release of said records. Should you have any questions or concerns regarding the validity of this release, you may contact me.

Full Name Signature _____ Date: _____

Full Name Printed _____



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**NETWORK FACTOR, INC.
BACKGROUND INVESTIGATION AUTHORIZATION**

(Please Print)

Name:

Last _____ First _____ Middle _____

Current Address: _____ From: Mo. ____ Yr. ____ To: Mo. ____ Yr. ____

City _____ State _____ Zip Code _____ County _____

Social Security Number _____ Race/Sex _____ Date of Birth _____

Driver's License Number _____ State of Issue _____

Previous Address: _____ From: Mo. ____ Yr. ____ To: Mo. ____ Yr. ____

City _____ State _____ Zip Code _____ County _____

Previous Address: _____ From: Mo. ____ Yr. ____ To: Mo. ____ Yr. ____

City _____ State _____ Zip Code _____ County _____

**APPLICANT READ CAREFULLY AND SIGN
AUTHORIZATION TO RELEASE CREDIT BUREAU REPORTS AND CRIMINAL HISTORY INFORMATION**

For and in consideration of my being considered for employment, I hereby authorize Network Factor, Inc. to make inquiries to a consumer reporting agency, concerning my employment suitability and qualifications; including: (i) any public record of any convictions for crimes of violence or dishonesty; (ii) any incidents of employment dishonesty, retail theft, or other employment related acts; or (iii), any credit bureau reports. I hereby voluntarily waive any privilege or right of confidentiality with respect to any claim or liability arising from this inquiry for any entity, person, employer or consumer reporting agency providing records to Network Factor, Inc. I have been informed and I understand that I may obtain a copy of such report and that I may dispute the accuracy or completeness of the information reported to the employer by writing or calling the consumer reporting agency listed below.

Full Name SIGNATURE _____

Full Name PRINTED _____ DATE _____

EMPLOYER NAME: NETWORK FACTOR, INC.
ADDRESS: 12360 66th Street N, Suite Y, Largo, FL 33773
TELEPHONE NUMBER: (727) 230-2095 **FAX NUMBER:** (727) 230-2432

AUTHORIZED EMPLOYER REPRESENTATIVE: _____

COMPANY CERTIFICATION: Network Factor, Inc. hereby certifies to _____
that is requesting a consumer credit report(s) on the applicant named above and that Network Factor, Inc. will use the report(s) on the applicant named above for employment purposes.

This form may not be combined or reproduced in conjunction with any other document per
Section 604 of the Fair Credit Reporting Act.