



**SPEECH LINK, INC.**  
**Employment Application Form**

**PLEASE PRINT ALL INFORMATION REQUESTED (EXCEPT SIGNATURE) AND RETURN PROMPTLY**

HAVE YOU EVER BEEN CONVICTED OF A CRIME?       No       Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_  
\_\_\_\_\_

COUNTRY OF CITIZENSHIP?       US       Other \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE?       Yes       No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_       Operator       Commercial (CDL)       Chauffeur

Expiration date \_\_\_\_\_

Have you had any accidents during the past three years?      How many? \_\_\_\_\_

Have you had any moving violations during the past three years?      How Many? \_\_\_\_\_

Please list at least two references other than relatives or previous employers.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

(Use separate sheet for additional references including past employment references).

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?       Yes    No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD OR RESERVES?    Yes    No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience**      Please list your work experience for the **past five years or last three employers** beginning with your most recent job held. If you were self-employed, specify and give firm name. Please attach resume **in addition to answering all questions below**. Use additional sheets as needed.

Name of Current Employer (#1) Address  City, State, Zip Code Phone number	Name of last Supervisor	Employment Dates	__ Hourly Pay __ Annual Salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.


REFERENCE CONTACT AND PHONE:

Name of Employer (#2) Address  City, State, Zip Code Phone number	Name of last Supervisor	Employment Dates	__ Hourly Pay __ Annual Salary
		From To	Start Final
	Your Last Job Title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.


REFERENCE CONTACT AND PHONE:

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**Work Experience (continued)** Please list your work experience for the **past five years or last three employers** beginning with your most recent job held. If you were self-employed, specify and give firm name. Please attach resume **in addition to answering all questions below**. Use additional sheets as needed.

Name of Employer (#3) Address  City, State, Zip Code Phone number	Name of last Supervisor	Employment Dates  From To	__ Hourly Pay __ Annual Salary  Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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REFERENCE CONTACT AND PHONE:

Name of Employer (#4) Address  City, State, Zip Code Phone number	Name of last Supervisor	Employment Dates  From To	__ Hourly Pay __ Annual Salary  Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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REFERENCE CONTACT AND PHONE:

May we contact your present employer?     Yes     No

Did you complete this application yourself     Yes     No

If not, who did? \_\_\_\_\_

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**PLEASE READ CAREFULLY**

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**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by SPEECH LINK, INC. (hereinafter called "the Company"), I agree that:

1) Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of SPEECH LINK, INC., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and SPEECH LINK, INC. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

2) I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

3) I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

4) I understand that, in connection with the routine processing of this employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

5) I hereby authorize the Company to provide copies of my resume and any other materials or information provided by me to any existing or prospective clients.

6) I further understand that if hired my employment with the Company shall be probationary for a period of one hundred eighty (180) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

7) I understand and agree that any employment offer made by the Company will be considered Proprietary and Confidential and specifically agree not discuss or disclose the terms of any such offer, or any other proprietary or confidential information disclosed to me by the Company or any of its clients, to any third party for a period of three (3) years from the latter of: (i) the date of this application, or (ii) three years following termination of employment.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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SPEECH LINK, INC. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability.

Thank you for your interest in joining our company. Original applications should be returned in person or via U.S. mail (9314 Springfield, Evanston, IL, 60203), and can also be faxed to company headquarters at 847-556-6004.