

Botika, Inc.

Application For Employment

We appreciate your interest in Botika, Inc. ("Botika") as a potential employer.
Please complete all sections in ink or type, even if you attach a resume. Indicate "not applicable" as appropriate.

PERSONAL DATA

Full Name	Personal E-mail
-----------	-----------------

Address (Street & No., Apt., City, State, Zip):

Mailing Address/Permanent Address, if different from above (No., Street, Apt., City, State, Zip Code)

Daytime Phone	Evening Phone or Cell
---------------	-----------------------

Botika is committed to a policy of equal employment opportunity for applicants and associates. Employment decisions will comply with all applicable laws prohibiting discrimination in employment, including the Immigration and Nationality Act, and any applicable state or federal laws, except as may be exempted. When necessary and appropriate, we also make reasonable accommodations for disabled associates and for pregnant associates who request accommodations, with the advice of their health care providers, for pregnancy, childbirth, or related medical conditions.

Equal employment opportunity applies to all aspects of employment including recruitment, hiring, job assignment, training, benefits, compensation, discipline, social and recreational programs, and termination.

WORK INFORMATION

Position(s) Desired: 1. _____ 2. _____	Date Available for Work	Expected Salary or Hourly Wage
---	-------------------------	--------------------------------

Please indicate types of employment desired.	<i>Please check as many as apply →</i>	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	
	<i>Please check as many as apply →</i>	<input type="checkbox"/> Regular Schedule <input type="checkbox"/> No Regularly-Scheduled Hours	<input type="checkbox"/> Limited Term	<input type="checkbox"/> Summer <input type="checkbox"/> Other: From: _____ To: _____

If required, can you work weekends? <i>Please check all that apply →</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Only Saturdays <input type="checkbox"/> Only Sundays
--	--

If required, can you work holidays? <i>Please check one →</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes Restrictions:
---	--

Are you available for travel? <i>Please check all that apply →</i>	<input type="checkbox"/> No <input type="checkbox"/> U.S.A. <input type="checkbox"/> North America <input type="checkbox"/> International
--	---

If foreign language skills are relevant to the position for which you are applying, please indicate your skills below.

Fluent: _____

Speak only: _____

Read or write only: _____

How did you hear about Botika?

Have you ever applied to or worked for Botika? <i>Please check one →</i>	<input type="checkbox"/> Yes Date: _____ Position: _____	<input type="checkbox"/> No
--	---	-----------------------------

Application For Employment

Do you have any friends or relatives working for Botika? <i>Please check one →</i> (NOTE: Botika may decline to hire relatives of present employees if doing so could result in an actual or potential problem, or a create a conflict of interest.)	<input type="checkbox"/> Yes Name: _____ Relationship: _____	<input type="checkbox"/> No
---	--	-----------------------------

Are you currently employed?	<i>Please check one →</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----------------------------	---------------------------	------------------------------	-----------------------------

ABILITY TO WORK

Are you legally authorized to work in the United States? (NOTE: Proof of identity and legal authority to work in the United States is a condition of employment.)	<i>Please check one →</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	---------------------------	------------------------------	-----------------------------

Are you at least 18 years old? (NOTE: If you are under 18, you will need to verify you are of minimum legal age to work.)	<i>Please check one →</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	---------------------------	------------------------------	-----------------------------

Are you able to perform, with or without accommodation, all of the tasks and duties assigned to the position you seek? Please describe the tasks or duties, if any, you will need accommodation to perform, and Describe the type of accommodation you will need. (NOTE: We will consider reasonable accommodation measures that may be necessary for eligible applicants or employees to perform essential functions.)	<i>Please check one →</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	---------------------------	------------------------------	-----------------------------

Do you have reliable transportation to work?	<i>Please check one →</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	---------------------------	------------------------------	-----------------------------

CRIMINAL HISTORY (ATTACH ADDITIONAL PAGES IF NEEDED)

Have you been convicted of, or pled guilty or no contest to, any crime in the last seven years other than a marijuana offense occurring more than two years ago? If yes, state nature of the offense(s), when and where convicted, and disposition of the case. (NOTE: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for will be considered.)	<i>Please check one →</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	---------------------------	------------------------------	-----------------------------

WORK REFERENCES (ATTACH ADDITIONAL PAGES IF NEEDED)

Name:	Cell Phone:	Day Phone:
	E-mail:	Number of Years Acquainted:
Mailing Address:	Relationship to Applicant:	
Name:	Cell Phone:	Day Phone:
	E-mail:	Number of Years Acquainted:
Mailing Address:	Relationship to Applicant:	

Application For Employment

Name:	Cell Phone:	Day Phone:
Mailing Address:	E-mail:	Number of Years Acquainted:
Relationship to Applicant:		
Name:	Cell Phone:	Day Phone:
Mailing Address:	E-mail:	Number of Years Acquainted:
Relationship to Applicant:		

EDUCATION (ATTACH ADDITIONAL PAGES IF NEEDED)

High School/Secondary Institution:	Number of Years Completed:	Received Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: (No., Street, City, State, Zip Code)		
College/University:	Number of Years Completed:	Major(s):
Address: (No., Street, City, State, Zip Code)		Received Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree Received:
College/University:	Number of Years Completed:	Major(s):
Address: (No., Street, City, State, Zip Code)		Received Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree Received:

PROFESSIONAL LICENSES, REGISTRATION OR CERTIFICATIONS HELD (ATTACH ADDITIONAL PAGES IF NEEDED)

Name of License, Registration or Certificate:	Expires (MM/YY):
Name of License, Registration or Certificate:	Expires (MM/YY):
Name of License, Registration or Certificate:	Expires (MM/YY):
Name of License, Registration or Certificate:	Expires (MM/YY):

Have you ever had a License/Certificate revoked or suspended?	<i>Please check one →</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	---------------------------	------------------------------	-----------------------------

EMPLOYMENT HISTORY (ATTACH ADDITIONAL PAGES IF NEEDED)

Please list all your employment for the past 10 years. You must complete this section even if you attach a resume.

Current/Most Recent Employer's Name:	Dates Employed: (MM/YY) From: To:	Position: Supervisor:
Main Telephone: ()	Supervisor's Telephone: ()	
Address: (No., Street, City, State, Zip Code)	Reason for Leaving:	May we contact? _____Yes _____No
Description of Position:	Starting Salary: _____ Ending Salary: _____	Scheduled Hours/Week:

Application For Employment

Previous Employer's Name:	Dates Employed: (MM/YY) From: _____ To: _____	Position: Supervisor: _____
Main Telephone: (_____)	Supervisor's Telephone: (_____)	
Address: (No., Street, City, State, Zip Code)	Reason for Leaving:	May we contact? _____ Yes _____ No
Description of Position:	Starting Salary: _____ Ending Salary: _____	Scheduled Hours/Week:

Previous Employer's Name:	Dates Employed: (MM/YY) From: _____ To: _____	Position: Supervisor: _____
Main Telephone: (_____)	Supervisor's Telephone: (_____)	
Address: (No., Street, City, State, Zip Code)	Reason for Leaving:	May we contact? _____ Yes _____ No
Description of Position:	Starting Salary: _____ Ending Salary: _____	Scheduled Hours/Week:

Previous Employer's Name:	Dates Employed: (MM/YY) From: _____ To: _____	Position: Supervisor: _____
Main Telephone: (_____)	Supervisor's Telephone: (_____)	
Address: (No., Street, City, State, Zip Code)	Reason for Leaving:	May we contact? _____ Yes _____ No
Description of Position:	Starting Salary: _____ Ending Salary: _____	Scheduled Hours/Week:

Have you ever been discharged from a prior position? If yes, please identify the position(s) and the circumstances surrounding the discharge.	<i>Please check one</i> →	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	---------------------------	------------------------------	-----------------------------

TECHNOLOGY AND OTHER SKILLS (ATTACH ADDITIONAL PAGES IF NEEDED)

Please describe your technology skills. If appropriate, please include keyboard WPM, software programs, hardware, programming languages, etc. Please attach an additional page if necessary.

List other skills and experience that would be applicable to the position you desire:

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH, AND SIGN BELOW.

_____ I hereby certify that all information in this Application for Employment is truthful, accurate, and complete. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment with Botika may result in rejection of this Application, or immediate discharge thereafter if I am employed with Botika, regardless of the amount of time that has elapsed before discovery.

_____ I hereby authorize Botika to contact my references and/or investigate my employment history, education and other matters related to my suitability for employment with Botika. Further, I authorize the references I have listed to disclose to Botika any and all information related to my employment history, without giving me prior notice of the disclosure. In addition, I hereby release Botika, my 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.

_____ I understand that if an employment relationship is created with Botika the relationship will be at-will in nature, and either I or Botika will be able to terminate the employment relationship at any time with or without cause and with or without notice. Only the CEO of Botika has the authority to enter into an employment agreement for a specified period of time, or to make an agreement for employment other than at-will. In order for such agreement to be valid, it must be in writing and signed by me and the CEO of Botika.

_____ Should Botika conduct a search of my public records, I understand that I am entitled to copies of any such public records obtained by Botika unless I mark the check box below.

I waive receipt of a copy of any public record described in the paragraph above.

If I am not hired as a result of such information, I understand that I am entitled to a copy of any such records even though I have checked the box above.

_____ I have completed, signed, and attached my resume and background screening consent forms, as appropriate.

Print Applicant's Name: _____

Applicant's Signature: _____

Date: _____

Send all pages by fax (408) 378-2374 or email hr@botikainc.com

Thank you for your interest in Botika, Inc.!

NOTE: A resume, references, or other documents pertaining to the Application for Employment may be attached. Attached documents may not act as a substitute for completing this Application for Employment in its entirety and signing it, or for following due diligence procedures for checking references and conducting a background check.