

Luce Research, LLC Application for Employment

(Please do not use a nickname or shorten your name, it must match your 2 forms of Identification)

Name:			Date				
(First Name, Middle Initial, Last Name)							
Street Address:State:Zip:							
City:	State:	Zip:					
Phone number: ()		Primary					
()		Secondary					
Are you at least 18 years of age?	□ Yes	□ No					
If not are you at least 16 years of	□ Yes	□ No					
Have you ever applied here be	□ Yes	□ No					
Have you ever worked here be	□ Yes	\square No					
Have you ever worked in a call	□ Yes	□ No					
Have you ever been convicted of	□ Yes	□ No					
If yes, please describe the natur	re of the offense	and date of convicti	on:				
Do you have high speed Interne							
Do you have a landline phone a	t home?	□ Yes	□ No				
How did you hear about us? (Ple	ease list first and	last name if referre	d by employe				
[]Newspaper please specify:		[]Radio [] Job Fa	air [] Flyers				
[]Employee please specify:		[]Friend []Walk	c-in[] Saw the				

Employment Hist Please list from m	-		
Employer: Name		Phone	Number
Position Title/Dutie	es:	Phone	: Number
Reason for Leaving	r:		
Dates:	Supervisor:		
Please list any rele	vant history, alternate languaç	jes or s	kills:
What is your main □ Bus □ Ca	transportation method? Ir	er	
knowledge. Any fall and all information	all information listed in this app sification will result in immediate regarding to my employment he estand that any failure to do so o	e termin ere or pr	ation. I also swear to keep any ojects worked on completely
X Your signature here			



Statement of Confidentiality

I shall keep all information and materials provided or made available to me in connection with my work completely confidential both during my employment and following its termination. All details of the work conducted – whether or not I am personally involved – shall remain strictly confidential.

I shall not discuss my work with anyone other than my employer and its representatives.

I shall not remove any documents or materials from the premises.

I shall not falsify or distort any information or materials in connection with my employment.

I understand that I am an "at will" employee of the Company and that this Agreement does not constitute a contract or obligation of continued employment.

Lunderstand that any failure to comply with my obligations

hereunder shall result in my immediate and final terminated and lead to potential legal action against me.			
Employee Name (printed)	Date		

Employee Signature