

APPLICATION FOR EMPLOYMENT

The use of this application does not mean positions are open and does not obligate the Company to proceed in any way with the application process or to interview, hire or retain an individual. This application for employment shall be considered active and on file for 60 days. An applicant wishing to be considered for employment beyond this time period should reapply by completing a new application.

Please complete all information requested on this form. Application must be legible and completed in ink or typed. If this application is not signed on page 5, it will be considered null and void. Do not include extraneous or non-responsive information. If a question does not apply to you, please write "N/A" in the space provided. If you need additional space to respond, attach a separate sheet indicating the number of the section to which you are responding.

If you need assistance in completing this application, please do not hesitate to ask.

PLEASE WRITE CLEARLY _____

Name (Last, First, Middle Name):	Home Phone Number:
Street Address:	Mobile Phone Number:
City, State, Zip Code	Business Phone Number:
Position(s) Applying For:	Today's Date:

GENERAL INFORMATION _____

Applying For: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other _____	Date Available For Employment:
Annual Salary Requirement:	Preferred Location: <input type="checkbox"/> Connecticut <input type="checkbox"/> Delaware
Referral Source: <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Internet <input type="checkbox"/> Unsolicited <input type="checkbox"/> Department of Labor <input type="checkbox"/> College Recruit <input type="checkbox"/> M Cubed Employee Name: _____ <input type="checkbox"/> Other : _____	

PLEASE READ AND ANSWER ALL QUESTIONS BELOW _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> no <input type="checkbox"/> yes	Have you ever filed an application with M Cubed Technologies, Inc. before? <input type="checkbox"/> no <input type="checkbox"/> yes – date _____
Have you ever been employed with M Cubed before? If yes, provide dates of employment and city and state where employed. <input type="checkbox"/> no <input type="checkbox"/> yes _____	Do you have relatives employed with M Cubed? If yes, provide relative's name, relationship and work location. <input type="checkbox"/> no <input type="checkbox"/> yes _____
Are there any shifts/days/times you are not available to work?	Will you relocate if job requires it? <input type="checkbox"/> no <input type="checkbox"/> yes Are you a Citizen or Permanent Resident of the United States? (Required by ITAR) <input type="checkbox"/> no <input type="checkbox"/> yes
Will you travel if job requires it? <input type="checkbox"/> no <input type="checkbox"/> yes	Will you work overtime if required? <input type="checkbox"/> no <input type="checkbox"/> yes
Driver's License number, if driving is an essential job function _____ State _____	

Please read the following information before answering the questions on this page:

“Conviction” for this application, means a final judgment or verdict of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court, regardless of whether an appeal is pending or could be taken. “Conviction” does **not** include a final judgment or verdict that has been expunged by pardon, reversed, set aside or otherwise rendered invalid. Further, you are **not required to disclose** any arrest(s), criminal charge(s) or conviction(s) the record(s) of which have been **sealed, expunged or erased under law**. Such records can include records of a finding of delinquency or that a child was a member of a family with service needs, adjudication of youthful offender status, criminal charges dismissed or nolle, or charges for which a person is found not guilty or a conviction later resulting in an absolute pardon. Further, any person whose criminal records have been erased is deemed under law never to have been arrested with respect to such erased proceedings and may so swear under oath. A history of criminal conviction(s) will not necessarily bar consideration of employment. Factors such as the time, seriousness and nature of the offense, as well as rehabilitation, will be taken into account. Should you have any questions about answering questions on this application, or your rights concerning erased records, please inquire of Human Resources.

Have you been convicted of a felony or a misdemeanor within the last seven years? no yes If yes, please explain:

Are there any criminal charges currently pending against you? no yes If yes, please explain:



EMPLOYMENT HISTORY List your 3 most recent positions, starting with your present or last job, including military, civilian, volunteer or part-time experience. **This section must be completed even if you attach a resume.**

Employer:	Address, City, State, Zip Code:	
Starting Date:	Starting Position:	Starting Salary:
Ending Date (if not still employed):	Ending or Current Position:	Ending or Current Salary:
Describe the Responsibilities of Your Position:		
Name and Title of Immediate Supervisor:		May We Contact? <input type="checkbox"/> no <input type="checkbox"/> yes – phone # ()
Reason For Leaving:		Amount of Notice Given:

Employer:	Address, City, State, Zip Code:	
Starting Date:	Starting Position:	Starting Salary:
Ending Date:	Ending Position:	Ending Salary:
Describe the Responsibilities of Your Position:		
Name and Title of Immediate Supervisor:		May We Contact? <input type="checkbox"/> no <input type="checkbox"/> yes – phone # ()
Reason For Leaving:		Amount of Notice Given:

Employer:	Address, City, State, Zip Code:	
Starting Date:	Starting Position:	Starting Salary:
Ending Date:	Ending Position:	Ending Salary:
Describe the Responsibilities of Your Position:		
Name and Title of Immediate Supervisor:		May We Contact? <input type="checkbox"/> no <input type="checkbox"/> yes – phone # ()
Reason For Leaving:		Amount of Notice Given:

REFERENCES List three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Company	Years Known	Phone Number ()
Name	Title	Company	Years Known	Phone Number ()
Name	Title	Company	Years Known	Phone Number ()

EDUCATION

Educational Institution	Name and Location of Educational Institution	Major	GPA	Dates Attended*	Degree Obtained
High School					
College/University					
College/University					
Business					
Technical					
List any honors received and/or extra curricular activities.					

Attendance dates are necessary in order to confirm your information with the educational institution

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

Hardware You Can Use:

Software You Can Use:

Office Equipment You Can Operate:

ADDITIONAL INFORMATION Exclude memberships or other information that would reveal race, religion, color, gender, sexual orientation, gender identity or transgender status, age, national origin, mental or physical disability, disabled veteran or other protected veteran status, marital status, genetic information, or other factors prohibited by law.

List professional, trade, business, or civic associations and any offices held.

List special accomplishments, publications, awards, etc.

List any additional information you would like M Cubed Technologies, Inc. to consider.

AGREEMENT AND CERTIFICATION

My signature below constitutes full acceptance of this employment application in its entirety and certifies that the information provided herein is true and correct to the best of my knowledge.

I voluntarily authorize M Cubed Technologies, Inc. to make investigations of my background, employment, education and other related matters as may be necessary in arriving at an employment decision or verifying the accuracy of information related to my application. I hereby release from all liability all persons or entities supplying or collecting such information. If I am offered employment, I understand the offer is contingent on the outcome of any background investigations or reference checks satisfactory to M Cubed Technologies, Inc.

I hereby give my voluntary consent for a urine or hair sample to be collected from me and submitted for a pre-employment drug screening test. I understand that any confirmed positive result from such test will preclude my being offered employment. I hereby consent to the release of the test results to those Company officials who make employment decisions for the Company.

If I am employed, I understand that if I have deliberately omitted or given false or misleading information in this application, my resume (if any), or interview(s) I may be discharged, whenever it is discovered. If M Cubed Technologies, Inc. accepts me for employment, I agree to abide by all of the M Cubed Technologies, Inc. policies, procedures and practices during my employment as same may be added or amended from time to time at the sole discretion of the Company.

If I am employed, I agree to maintain the strict confidentiality of all Confidential Information (as defined by M Cubed Technologies, Inc. policies) and shall not, directly or indirectly (a) transfer or disclose any Confidential Information to any third party; (b) use any Confidential Information without the prior written consent of M Cubed Technologies, Inc.; or (d) take any other action with the respect to the Confidential Information inconsistent with the confidential and proprietary nature of such information.

By accepting employment from M Cubed Technologies, Inc., I hereby acknowledge and agree that M Cubed Technologies, Inc. shall own, and I hereby agree to transfer and assign to M Cubed Technologies, Inc., all rights, of every kind and character throughout the world, in perpetuity, in and to any material or ideas and all results and proceeds of my services for M Cubed Technologies, Inc., whether the same consists of any other forms of works, themes, ideas, inventions, creations, products or compositions. I agree to execute and deliver to M Cubed Technologies, Inc. such assignments, certificates of authorship, or other instruments in accordance with standard industry practice as M Cubed Technologies, Inc. may require from time to time to evidence ownership of the results and proceeds of my services.

I understand it is this Company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I understand that my employment is contingent on my successful compliance with all employment eligibility verification requirements of the Immigration Reform and Control Act of 1986.

If I am employed, I understand that my first 90 calendar days of employment will be considered an Introductory Period and at the end of the Introductory Period, my supervisor will either recommend retention as a regular employee or termination if performance is not fully satisfactory.

If I am employed, I understand that my employment is "at will" and for no definite period of time. Either M Cubed Technologies, Inc. or I may terminate my employment at any time, with or without cause and with or without notice except as may be expressly required by law, or applicable collective bargaining agreement. I further understand that my employment is at will regardless of any statement made by an M Cubed Technologies, Inc. agent or in an M Cubed Technologies, Inc. policy, procedure, practice, handbook, program, or any other written or oral materials. I understand that no representatives of M Cubed Technologies, Inc., other than the Chief Executive Officer, have the authority to make agreements with me concerning the length of my employment. Such agreements must be made in writing and signed by the Chief Executive Officer of M Cubed Technologies, Inc.

M Cubed Technologies, Inc. affords equal opportunity in employment to all qualified persons regardless of race, religion, color, gender, sexual orientation, gender identity or transgender status, age, national origin, mental or physical disability, disabled veteran, or other protected veteran status, military status, marital status, genetic information, or other factors prohibited by law. Discrimination in employment practices is prohibited by federal and state laws.

SIGNATURE OF APPLICANT:

DATE:



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NOTICE AND ACKNOWLEDGMENT

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

NOTICE REGARDING BACKGROUND INVESTIGATION

M Cubed Technologies, Inc. ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Aurico Reports Inc., 116 W. Eastman St., Suite 101, Arlington Heights, Illinois, 60004, (866) 255-1852 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and ARTICLE 23-A OF THE NEW YORK CORRECTIONS LAW and certify that I have read and understand all three of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance

NOTE: YOU MUST RETURN THIS PAGE



A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: **Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your creditworthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center- FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word 'National' or initials 'NA' appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word 'Federal' or initials 'F.S.B.' appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words 'Federal Credit Union' appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Ave., Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580



AFFIRMATIVE ACTION VOLUNTARY INFORMATION

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, mental or physical disabilities, genetic information, veteran/reserve/national guard or any other similar protected status.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations. **PLEASE PRINT.**

Positions(s) Applied For: _____

Date: _____

Name: _____ Telephone: (____) _____
 LAST FIRST MIDDLE

Address: _____
 STREET CITY STATE ZIP CODE

Your Gender: Male Female

Please check (√) one of the following Equal Employment Opportunity Identification Groups:

- White (not Hispanic or Latino) Black or African American (not Hispanic or Latino)
- Hispanic or Latino American Indian or Alaskan Native (not Hispanic or Latino)
- Asian (not Hispanic or Latino) Two or More Races (not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)

Check (√) If Any of the Following Are Applicable:

- Disabled Veteran Armed Forces Special Medal Veteran
- Active Duty Wartime or Campaign Badge Veteran Recently Separated Veteran (within 3 years of date discharged)