

ParkerVision®

Employment Application

ParkerVision fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, disability, or any other basis prohibited by federal, estate, or local law. In accordance with requirements of the Americans with Disabilities Act, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As Equal Opportunity Employers, we intend to comply fully with applicable federal and state employment laws and the information requested on this application will only be used for purposes consistent with those laws. Applications are only accepted for positions currently available and will only be considered for thirty (30) days from today's date or until the position applied for is filled, whichever first occurs.

Position Applied For:	Salary Expectations:	Date:

Personal Information

Last Name:	First Name:	Middle:	Social Security Number:	
Address:	City:	State:	Zip Code:	Phone Number:

Are you at least 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, state your age for child labor law purposes only:	
Are there days, shift, or hours you will not work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	
Are you available for out of town work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work overtime, if required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When are you able to start work?			
Have you taken any illegal drugs in the last 30 days?			

How did you learn of ParkerVision?			
Have you ever worked at or applied to ParkerVision before? (Please provide details)			
Are you legally authorized to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you now or in the future require sponsorship for employment visa status (such as H-1B visa status)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The Federal Immigration and Reform and Control Act of 1986 requires that an INS Employment Eligible Verification be completed for all new hires and that every new hire present to the employer within 3 business days of beginning work documentation establishing his/her identity and authorization for work. This federal requirement must be satisfied as a condition of employment.

Have you been convicted of a felony within the last seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Conviction	
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If yes, you are not automatically excluding from further consideration for the position. If yes, please explain on the Additional Comments section, including the penalty imposed.

Have you been convicted within the last seven years of misappropriation of funds, embezzlement, or other dishonest conduct, an offense involving the use of a weapon, physical assault or other violent crimes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, you are not automatically excluding from further consideration for the position. If yes, please explain on the Additional Comments section.

Have you ever been a defendant in a civil action for an intentional tort (intentional commission of a wrongful act)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, you are not automatically excluding from further consideration for the position. If yes, please including, including intentional nature of the tort and the disposition of the action in the Additional Comments section

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Driving Record

(Answer only if driving is a requirement of the job for which you are applying)

Do you have a valid drivers license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State		License No.	
Have you had any tickets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.			
Has your license ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.			
Do you have any DUI or DWI convictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain and state when convicted.			

Additional Comments

Education

(Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for)

Name, City and State of Educational Institution	Graduated (Yes or No)	Type of Degree Received or Expected	Major	Minor	Overall GPA

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Employment History

(Please complete for all full-time or part-time employment beginning with most recent employer)

Company Name		Telephone Number	
Address		Dates Employed	
Supervisor Name		May we contact him/her?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rate of Pay Starting:		Rate of Pay Ending:	
Job Titles and Duties"			
Reason for Leaving:			

Company Name		Telephone Number	
Address		Dates Employed	
Supervisor Name		May we contact him/her?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rate of Pay Starting:		Rate of Pay Ending:	
Job Titles and Duties"			
Reason for Leaving:			

Company Name		Telephone Number	
Address		Dates Employed	
Supervisor Name		May we contact him/her?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rate of Pay Starting:		Rate of Pay Ending:	
Job Titles and Duties"			
Reason for Leaving:			

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Explain any gaps in your employment history:			
Have you ever been discharged or forced to resign?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	
Did you receive any discipline in the last 12 months of active employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	
Were you given a performance evaluation within the last 12 months of active employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what was the range of scores, and what was your score?	
Have you signed any non-compete or non-solicit agreement with any other employer that might restrict you from working for this company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	

Military (Complete only if you served in the military)			
Branch of Service		Number of Years/Months of Service:	
Rank at Discharge:		Date of Discharge:	
Reason for Leaving:			
Describe any military skills, training, or experience you believe are relevant to the job applied for:			

Applicant's Acknowledgement

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts, or incomplete answers in any application document will disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document will be cause for my dismissal at any time without prior notice.

I understand that, if employed, my employment is not for a specific term and may be terminated by me or my Employer(s) with or without notice or cause at any time. I further understand that no oral promise, Employer policy, custom, business practice, or other procedure (including the Employee Handbook or other personnel manuals) constitute an employment contract or modification of the at-will employment relationship between me and the Employer.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation; take a pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is content on a satisfactory result on all required tests. I authorize ParkerVision to release of any background check results of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

I acknowledge that this application will remain active for 30 days from this date. If I have not heard from the Company at the conclusion of this 30-day period it is my responsibility to complete a new application if I still wish to be considered for employment.

Signature:	Date: