

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.

Date of Application	
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Personal Information

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

If related to anyone who works for the Company, state name, department, and location:	
In case of Emergency, please notify:	

Employment Desired:

Position Applied For:	Salary Expectations:	Date You can Start:

Are you Employed Now?	<input type="checkbox"/> Yes <input type="checkbox"/> No	May we inquire of your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever applied to this Company before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where? When?	
Are there any days, shifts or hours you will not work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain:	

Education

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

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

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Education (cont'd)						
(Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for)						
Type	Name, City and State of Educational Institution	Graduated (Yes or No)	Type of Degree Received or Expected	Major	Minor	Overall GPA
College:						
Trade, Business or Correspondence School:						
Other (including graduate school):						

Have you been convicted of, pled guilty, no contest or nolo contendere to a crime?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give details (date, place, offense(s), disposition, etc.):		

Have you been charged with a crime and either been placed on a court-ordered probation, had adjudication withheld, entered a pre-trial intervention program or have any criminal charges now pending?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give details (date, place, offense(s), disposition, etc.):		

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Previous Employment:
 List below sequentially all of your employers in the last ten (10) years beginning with your current or most recent employer (use additional pages, if necessary).

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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Previous Employment (cont'd):

List below sequentially all of your employers in the last ten (10) years beginning with your current or most recent employer (use additional pages, if necessary).

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:			

Did you work for any of these employers under a different name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which employer(s) and under what name(s)?	
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 (include by whom, when and for what):	
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:	

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Driving Record:

Do you have a valid drivers license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State		License No.	
Has your license ever been suspended or revoked or placed on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain (include when, where and what action was taken).			
List below all traffic violations (except parking) on your record for the last five (5) years and all motor vehicle accidents in which you were involved (use additional pages if necessary):					
Date	Location	Description	Result		

References:

Give below the names of three persons not related to you, whom you have known for at least one year.

Name	Phone or Email

Applicant's Acknowledgement

I hereby 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 of Applicant:	Date:
I certify that I have read, understand and agree with the above:	