



## Instructions for Using the Electronic Employment Application

The following is the employment application for Matrix Label Systems, Inc. This application may be typed and submitted electronically or printed out to be faxed or mailed.

**To submit the form electronically it must be opened in Adobe Reader.** Please fill out the form completely and select the "Save Application" button located at the top of page 6.

If you would prefer to **Mail** your application in please send it to the address listed below.

Matrix Label Systems, Inc.  
Director of Human Resources  
4692 S. County Road 600 E.  
Plainfield, IN 46168

You may also **Fax** your application to 317-839-8496 attention Director of Human Resources.



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## APPLICATION FOR EMPLOYMENT

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Please Answer All Questions. Resumes Are Not A Substitute For A Completed Application.

I UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY COMMUNICATION BY A MANAGEMENT REPRESENTATIVE IS INTENDED TO CREATE OR DOES CREATE A CONTRACT OF EMPLOYMENT, OFFER, OR PROMISE OF EMPLOYMENT. I ACKNOWLEDGE THAT IF HIRED BY THE COMPANY, EMPLOYMENT IS ON AN AT WILL BASIS. THIS MEANS THE COMPANY IS FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE, IN ACCORDANCE WITH STATE LAW, AND ACCEPTANCE OF EMPLOYMENT IS NOT A CONTRACT OF EMPLOYMENT FOR ANY SPECIFIED TIME. SIMILARLY, I AM FREE TO TERMINATE MY EMPLOYMENT WITH THE COMPANY AT ANY TIME FOR ANY REASON. THIS AT-WILL PROVISION MAY BE MODIFIED OR WAIVED ONLY IN A WRITTEN AGREEMENT SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE COMPANY AND ME. I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

We are an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state, or local laws.

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Position Applied For: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Present Address (Street, Apt. or Unit No.): \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

If under the age of 18, can you produce the necessary work certificate at the time of employment? ☐ Yes ☐ No

Type of employment desired: ☐ Full-Time ☐ Part-Time Specify Hours: \_\_\_\_\_

Are you willing to work over-time? ☐ Yes ☐ No

Have you ever applied at this company before? ☐ Yes ☐ No

If Yes, when did you apply? \_\_\_\_\_ Where did you apply? \_\_\_\_\_

Within the past ten (10) years, have you been convicted of a felony? (Do not include convictions that were sealed, eradicated, erased, or expunged; convictions that resulted in referral to a diversion program; or marijuana-related convictions that are more than two (2) years old.)

☐ Yes ☐ No

If Yes, please explain so that individual circumstances can be considered.

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### NOTE

- Criminal convictions will not automatically disqualify an applicant from a particular job. The Company will consider the nature of the crime, its seriousness, whether the conviction(s) substantially relates to the position's functions and qualifications, the frequency of convictions, the applicant's age at the time of conviction, the time elapsed since the date of conviction or completion of jail sentence, the applicant's entire work and educational history, and employment references and recommendations.
- An ex-offender who is denied employment may, upon written request, receive a statement of the reason(s) for denial within 30 days of the applicant's request for such information.

Have you ever initiated an act of violence in the workplace? ☐ Yes ☐ No

If Yes, please explain so that individual circumstances can be considered. (A Yes answer will not necessarily disqualify you from employment.)

List special technical skills that you feel qualify you for the job for which you are applying (i.e., computer programming/ language, software, equipment operation, special tools or machines, etc.):

Education	School Name and Location	Course of Study	Graduate?	# of Years Completed	Degree/ Major
High School					
College					
Bus./ Trade/ or Post College					

Honors Received: \_\_\_\_\_

#### WORK EXPERIENCE

Start with your present or last place of employment. You may include any verifiable work performed on a volunteer basis, internships, or military service.

Employer

\_\_\_\_\_  
Name Address Type of Business  
Phone: \_\_\_\_\_ Dates Employed From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
May we contact? ☐ Yes ☐ No  
Wages Start: \_\_\_\_\_ Final: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_

Employer

\_\_\_\_\_  
Name Address Type of Business  
Phone: \_\_\_\_\_ Dates Employed From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
May we contact? ☐ Yes ☐ No  
Wages Start: \_\_\_\_\_ Final: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_

Employer

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Name _____	Address _____	Type of Business _____
Phone: _____	Dates Employed From _____ / _____ / _____	To _____ / _____ / _____
Job Title: _____	Supervisor's Name: _____	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Wages Start: _____	Final: _____	Reason for leaving: _____
Duties: _____		

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Employer

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Name _____	Address _____	Type of Business _____
Phone: _____	Dates Employed From _____ / _____ / _____	To _____ / _____ / _____
Job Title: _____	Supervisor's Name: _____	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Wages Start: _____	Final: _____	Reason for leaving: _____
Duties: _____		

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REFERENCES

Name	Position	Company	Work Relationship (i.e., supervisor, coworker)	Telephone #

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**APPLICANT CERTIFICATION**

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I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, non-compete, and/or conflict of interest statement.

I certify that all the information on this application, my resume, or any supporting documents is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

I UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY COMMUNICATION BY A MANAGEMENT REPRESENTATIVE IS INTENDED TO CREATE OR DOES CREATE A CONTRACT OF EMPLOYMENT, OFFER, OR PROMISE OF EMPLOYMENT. I ACKNOWLEDGE THAT IF HIRED BY THE COMPANY, EMPLOYMENT IS ON AN AT WILL BASIS. THIS MEANS THE COMPANY IS FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE, IN ACCORDANCE WITH STATE LAW, AND ACCEPTANCE OF EMPLOYMENT IS NOT A CONTRACT OF EMPLOYMENT FOR ANY SPECIFIED TIME. SIMILARLY, I AM FREE TO TERMINATE MY EMPLOYMENT WITH THE COMPANY AT ANY TIME FOR ANY REASON. THIS AT-WILL PROVISION MAY BE MODIFIED OR WAIVED ONLY IN A WRITTEN AGREEMENT SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE COMPANY AND ME. I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States. I also understand this Company employs only individuals who are legally eligible to work in the United States.

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Applicant Signature

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Date

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for controlled substances, conduct inspections of property without notice, and communicate screen results to Company personnel who need to know, the applicant, and the applicant's parent or legal guardian.

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Parent/ Legal Guardian

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Witness

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Date

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Date

## **Instructions for saving and uploading your application.**

After saving your application you will be taken back to matrixlabel.com (you may receive a warning to allow this). Follow the on-screen instructions to upload your application and optional resume.