



EMPLOYMENT APPLICATION
QUESTIONNAIRE
An Equal Opportunity Employer

PERSONAL INFORMATION:

Name (Last, Middle, First)	Social Security Number
<input type="text"/>	

Permanent Address	City	State	Zip Code
<input type="text"/>			

Home Phone Number ()	Cell Phone # ()	Referred By
<input type="text"/>		

Date of Birth ("must provide" for verification purposes only)	Drivers License Number & State
<input type="text"/>	

Position Applied/Desired	Date You Can Start	Trade License Number
<input type="text"/>		

Are You Employed?	If So May We Inquire At Your Present Employer?
<input type="text"/>	

Ever Worked For Our Company?	Where?	When?
<input type="text"/>		

Have You Ever Been Convicted Of Any Crime?	If So, State The Charge & Explanation
<input type="text"/>	

BACKGROUND INFORMATION:

Level Of Education?	Name Of Degree?	Did You Graduate?	Major Study?
<input type="text"/>			

Name Of School	City & State
<input type="text"/>	

Trade, Business and/or Correspondence School?	If So, Name Of School, City, State & Major Study
<input type="text"/>	

Hobbies?	Any Club Affiliation?	Any Volunteer Community Service?
<input type="text"/>		



EMPLOYMENT HISTORY:

Present and/or Last Employer Position? Duration Of Employment? (From-To) Phone Number?

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Previous Second Employer? Position? Duration Of Employment? (From-To) Phone Number?

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Previous Third Employer? Position? Duration Of Employment? (From-To) Phone Number?

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Why Did You Leave Your Present and/or Last Employment?

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If You Are Hired At Our Company, How Do You Foresee Yourself A Year From Now?

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CERTIFICATION, ACKNOWLEDGEMENT & AUTHORIZATION:

The undersigned Applicant certifies that all information contained in this Employment Application is true and correct to the best of his/her knowledge and that if employed any false statements made are grounds for immediate dismissal/termination of employment. The Applicant authorizes the Company to conduct any and all investigations into the Applicant's background and all information contained on this Employment Application, including, but not limited to a criminal and/or police background investigation, credit investigation/report and any other information and/or investigation that the Company sees fit in order to qualify the Applicant and to protect the welfare and interest of the Company and it's Employees.

DATE: _____

Applicant Signature: X _____



EMPLOYEE NON-DISCLOSURE AGREEMENT

FOR GOOD CONSIDERATION, and in consideration of being employed by **AMCI Companies** and/or its Assigns, Affiliates and Subsidiaries, hereinafter "Company", **the undersigned employee** hereby agrees and acknowledges:

1. That during the course of my employ there may be disclosed to me certain trade secrets of the Company; said trade secrets consisting but not necessarily limited to:

a) Technical information: Methods, processes, formulae, compositions, systems, techniques, inventions, machines, computer programs, research and marketing projects.

b) Business information: Customer lists, Investors List, Buyers or Sellers List, pricing data, sources of supply, financial data and marketing, production, or merchandising systems or plans.

2. I agree that I shall not during, or at any time after the termination of my employment with the Company, use for myself or others, or disclose or divulge to others including future employers, any trade secrets, confidential information, or any other proprietary data of the Company in violation of this agreement.

3. That upon the termination of my employment from the Company:

a) I shall return to the Company all documents and property of the Company, including but not necessarily limited to drawings, blueprints, reports, manuals, correspondence, customer lists, computer programs, and all other materials and all copies thereof relating in any way to the Company's business, or in any way obtained by me during the course of employment. I further agree that I shall not retain any copies, notes or abstracts of the foregoing.

b) The Company may notify any future or prospective employer or third party of the existence of this agreement, and shall be entitled to full injunctive relief for any breach.

c) This agreement shall be binding upon me and my personal representatives and successors in interest, and shall inure to the benefit of the Company, its successors and assigns. In the event of any Legal action necessary to enforce this Agreement, the undersigned Employee agrees to pay reasonable Attorney fees and other costs relating to the enforcement of this Agreement and agrees that venue of any actions shall be in Dade County, Florida.

Signed this _____ day of _____, 200_____.

Company (Agent's Signature)

X _____
Employee (Signature)

Employee Name (Print)



EMPLOYEE NON-COMPETE AGREEMENT

FOR GOOD CONSIDERATION and in consideration of being employed by **AMCI Companies and/or** it's Assigns, Affiliates, Subsidiaries, hereinafter "Company", **the undersigned Employee** hereby agrees and acknowledges not to directly or indirectly compete with the business of the Company during the period of employment and for a period of (2) TWO years following termination of employment and notwithstanding the cause or reason for termination.

The term "not compete" as used herein shall mean that the Employee shall not own, manage, operate, consult to or be employed in a business substantially similar to or competitive with the present business of the Company or such other business activity in which the Company may substantially engage during the term of employment. The territory "Area" not to compete shall be in Dade, Broward and Monroe Counties, Florida.

The Employee acknowledges that the Company shall or may in reliance of this agreement provide Employee access to trade secrets, customers and other confidential data and that the provisions of this agreement are reasonably necessary to protect the Company' interest and its good will. The employee agrees to retain said information as confidential and not to use said information on his or her own behalf or disclose same to any third party.

This agreement shall be binding upon and inure to the benefit of the parties, their successors, assigns and personal representatives. In the event of any Legal action necessary to enforce this Agreement, the undersigned Employee agrees to pay reasonable Attorney fees and other costs relating to the enforcement of this Agreement and agrees that venue of any actions shall be in Dade County, Florida.

Signed this _____ day of _____, 200__.

X

Employee (Signature)

Employee Name (Print)

Company (Agent's Signature)