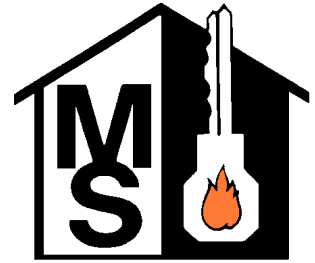


Mail Application to:

Messenger Systems, Inc.
4213 Main Road
Tiverton, RI 02878-4812



MESSENGER SYSTEMS, INC. EMPLOYMENT APPLICATION

Print legibly. Complete all items and sign application. Use additional sheets as necessary.

1. Name _____
(Last) (First) (Middle)

2. Address _____
(Number & Street)

(City) (County) (State) (Zip Code)

3. Home Telephone _____ 4. Business Telephone _____

5. Email _____ 6. Desired Salary _____

7. Type of Work or Position Applied For _____

8. a. Are you 18 years old or older? yes no
(If under 18, you will be required to submit working papers if offered employment.)

b. Are you eligible for employment in the U.S? yes no

c. Do you possess a driver's license that is valid in Rhode Island? yes no
(Answer this question only if it is a requirement as indicated in the job announcement)

d. Have you ever worked or been educated under a different name? yes no
If yes, specify _____

e. Have you ever worked for Messenger Systems before? yes no
If yes, specify _____

9. Have you ever been convicted of a crime or offense, which has not been expunged by the Court?
 yes no

(If yes, give details of each conviction and disposition in this block. A conviction will not necessarily preclude you from employment unless such conviction(s) relates adversely to the employment sought. Please note, some positions, as a condition of employment, require a Request for Criminal History Record.)

10. HIGH SCHOOL, GED, COLLEGE AND GRADUATE SCHOOLS

List any high school or equivalent, colleges, universities and graduate schools that you have attended.

NAME & LOCATION	CREDIT HOURS COMPLETED	MAJOR AREA OF STUDY	TYPE OF DEGREE	DID YOU GRADUATE
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no

11. OTHER SCHOOLS OR TRAINING SCHOOLS

Include business, vocational, technical and other schools you have attended that are related to the position for which you are applying. If it is not a full curriculum, be specific as to the number of hours.

NAME & ADDRESS	SUBJECTS OR COURSES	WAS COURSE COMPLETED
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no

12. Use this space to describe any licenses, certificates, registrations, skills, crafts, including machines or equipment operated which relates to the position for which you are applying.

13. LIST ALL EMPLOYMENT

Start with present or last position and work back. Include U.S. Military and volunteer experience. Please complete in full even though you may attach a resume.

Position Title:	From: mo./yr.	To: mo./yr.	Salary or Wage: Starting: Ending:
Employer's Name & Address	Supervisor's Name:		
	Employer's Phone Number:		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ Hours per week			Reason for Leaving:
Description Of Duties			

Position Title:	From: mo./yr.	To: mo./yr.	Salary or Wage: Starting: Ending:
Employer's Name & Address	Supervisor's Name:		
	Employer's Phone Number:		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ Hours per week			Reason for Leaving:
Description Of Duties			

Position Title:	From: mo./yr.	To: mo./yr.	Salary or Wage: Starting: Ending:
Employer's Name & Address	Supervisor's Name:		
	Employer's Phone Number:		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ Hours per week			Reason for Leaving:
Description Of Duties			

14. Do you have any objection to our contacting any of the above employers regarding your employment?
 yes no. If yes explain:

15. Are you engaged in other business activity or employment, which you desire to continue if employed by the Messenger Systems, Inc.? yes no. If yes explain:

16. Do you or does a member of your immediate family own or have an interest in any organization that deals with, is regulated by or is otherwise affected by the operations of Messenger Systems, Inc.:
 yes no. If yes explain:

17. Do you have any relatives who work for the Library? yes no

If yes, name of relative _____ Relative's Position _____

18. List three **business** references that we may contact for information concerning your qualifications.

NAME	ADDRESS	PHONE NO.	OCCUPATION

19. Applicant Date and Sign:

I certify that all answers given by me are true, accurate and complete, I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

I acknowledge that I have read and understand the above statement and hereby grant permission to confirm the information supplied on this application by me.

Signature _____ Date _____

Messenger Systems, Inc. is an Equal Employment/Affirmative Action Employer.

Hour and location questionnaire

Name: _____

1. Many of the positions available are part-time consisting of 7 to 21 hours per week. Are you willing to accept part-time employment? Yes No

2. Are you available to work days? Yes No

Please indicate which days you are available to work:

Monday Tuesday Wednesday Thursday Friday

3. Are you available to work evenings until 9 PM? Yes No

Please indicate which evenings you are available to work:

Monday Tuesday Wednesday Thursday

4. Are you available to work on Saturdays?

NO All Saturdays Three per month Two per month One per month

5. Are you available to work on Sundays?

NO All Sundays Three per month Two per month One per month