



Adobe Systems Incorporated
 345 Park Ave
 San Jose, CA 95110-2704 USA
 Phone 408 536.6000
 Fax 408-537-6313

Employment Application

An equal opportunity and affirmative action employer

Personal Information

Last Name	First Name	Middle Initial	Date
Other names by which you have been known (for date verification and reference checking purposes)			Social Security Number
Home Phone	Business Phone	E-mail Address	
Permanent Address	City	State	ZIP Code
Previous Address (If at current address less than 5 years)			Driver's License Number/State

If you are not a citizen of the United States, are you eligible to work in the U.S. and would you be able to provide the necessary documents of proof of the legal right to work upon hire? Yes No

Are you under 18? Yes No If you are under 18 and still in high school, you may be required to provide a work permit upon hire.

Have you ever been convicted of a felony? Yes No

If YES, give date, place, offense, and outcome (Previous convictions do not necessarily disqualify an applicant from employment.)

How were you referred to Adobe? Adobe.com website Other website (specify below) Advertisement (specify publication below) Self
 Employee Referral (specify below) Agency (specify below) Other (specify below)

Name of Referral Source

Have you ever been employed by or contracted with Adobe? Yes No Full-Time Contractor _____ through _____
 If so, when?

What position did you hold? _____ Manager

Employment Interest

Position Desired	Salary Desired	Date Available
------------------	----------------	----------------

Have you interviewed for another position at Adobe? Yes No _____
 If so, when?

Education and Training

Indicate last level completed: High School College or University Graduate School

Name of High School, Technical School, and College	City, State	Major	Degree	Month/Year of Degree

Additional education, vocational, professional, military, or other information you feel may be helpful to us in considering your application:

Employment History

Please list most recent employer first.

Company Name		Street Address	
City	State	ZIP Code	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Job Title		Final Job Title	
Supervisor's Name and Title			Phone
Reason for Leaving		Dates of Employment	
Job Duties		From (mo/yr) To (mo/yr)	
		Starting Rate of Pay (\$) Ending Rate of Pay (\$)	

Company Name		Street Address	
City	State	ZIP Code	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Job Title		Final Job Title	
Supervisor's Name and Title			Phone
Reason for Leaving		Dates of Employment	
Job Duties		From (mo/yr) To (mo/yr)	
		Starting Rate of Pay (\$) Ending Rate of Pay (\$)	

Company Name		Street Address	
City	State	ZIP Code	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Job Title		Final Job Title	
Supervisor's Name and Title			Phone
Reason for Leaving		Dates of Employment	
Job Duties		From (mo/yr) To (mo/yr)	
		Starting Rate of Pay (\$) Ending Rate of Pay (\$)	

Business Reference Data

Please list at least one present or former manager.

Name	Email Address	Phone	Business Relationship
1			
2			
3			

Read Carefully and Sign

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that any misstatement or omission of information is grounds for ending the hiring process or dismissal. I authorize verification of information provided on this application; and authorize the references listed above to give you all pertinent information concerning my previous employment; and release all parties from all liability for any damage that may result from furnishing same to Adobe. In consideration of my employment, I agree to conform to the rules and regulations of Adobe Systems Incorporated. I further agree that either I or the Company may terminate my employment with or without cause and with or without prior notice, at any time. Finally, I understand that no representative of the Company other than an Executive Officer has the authority to enter into any agreement for employment for any specified period or time, or to otherwise alter the foregoing.

Signature	Date
-----------	------



Disclosure and Authorization for Background Investigation

I understand that in connection with my application for employment (including contracts for service), Adobe Systems will use an outside agency to research and verify information I have provided. I hereby authorize Adobe Systems and/or entity directed by Adobe prior to or at any time after my employment commences to obtain a consumer report for employment purposes. I understand this consumer report may include inquiries regarding my work history; court records, including criminal convictions record, as permitted by law; driving history; verifications of Social Security number; and references obtained from professional and personal associates.

I hereby authorize all previous employers, educational institutions, consumer reporting agencies and other persons or entities having information about me to provide such information to Adobe Systems or other entities that obtains information for Adobe. I further fully release Adobe, its employees, officers, directors, agents, successors and assigns, and all other parties involved in the investigation, from any claim or action for any liability whatsoever related to the process or results of the background/reference investigation.

I understand results of my background check may be used in determining whether to make me an offer of employment and other employment decisions, and that the Disclosure Authorization is not an offer for employment by Adobe or a contract with Adobe. I further understand that no representative of Adobe Systems other than an Executive Officer, has the authority to enter into any agreement for employment for any specified period of time, or to otherwise alter Adobe's At-Will Employment Policy.

Dated: _____

Applicant Signature: _____

Print Name: _____