

# Employment Application – Short Form

An Equal Opportunity Employer

## Please Print

\_\_\_\_\_  
Date Last Name First Name Middle

### Present Address

\_\_\_\_\_  
No. & Street City State Zip -

### Permanent Address (if different from present address)

\_\_\_\_\_  
No. & Street City State Zip -

( ) - ( ) -  
Mobile Phone Home Phone

## Employment Desired

Position applying for: \_\_\_\_\_

## Personal Information

Have you ever applied to or worked for **SpectraSeven** before?  Yes  No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for \_\_\_\_\_ ?  Yes  No

If yes, state name(s) and relationship:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

Why are you applying for work at \_\_\_\_\_ ?

\_\_\_\_\_  
If hired, would you have a reliable means of transportation to and from work? .....  Yes  No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)

.....  Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? .....  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? .....  Yes  No

If Hired, do you have the necessary tools and equipment required for the Job.....  Yes  No

If no, describe the functions that cannot be performed.

If Hired, do you have the necessary tools and equipment required for the Job.....  Yes  No

If no, which tools will you need to purchase for the job \_\_\_\_\_

\_\_\_\_\_  
(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

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Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.).....  Yes  No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

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(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

## Education, Training, and Experience

School Name and Address \_\_\_\_\_ No. of Years \_\_\_\_\_ Did you Degree or  
Completed Graduate? Diploma \_\_\_\_\_  Yes  No

**High School** \_\_\_\_\_  Yes  No  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**College/ University** \_\_\_\_\_  Yes  No  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Vocational/ Business** \_\_\_\_\_  Yes  No  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Health Care Training** \_\_\_\_\_  Yes  No  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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## Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient).

Account for all periods of unemployment. You must complete this section even if attaching a resume.

_____		( ) _____ - _____
Name of Employer	Telephone No.	
_____		_____
Type of Business	Your Supervisor's Name	
_____		_____ - _____
Address & Street	City	State Zip
Dates of Employment:	Weekly Pay:	
From _____ To _____	Starting _____ Ending _____	
_____		
Your Position and Duties		
_____		
Reason for Leaving		
May we contact this employer for a reference? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		

_____		( ) _____ - _____
Name of Employer	Telephone No.	
_____		_____
Type of Business	Your Supervisor's Name	
_____		_____ - _____
Address & Street	City	State Zip
Dates of Employment:	Weekly Pay:	
From _____ To _____	Starting _____ Ending _____	
_____		
Your Position and Duties		
_____		
Reason for Leaving		

May we contact this employer for a reference? .....  Yes  No

Note: Attach additional page(s) if necessary. **References**

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____		( ) _____ - _____
First Name	Last Name	Telephone No.
_____		_____ - _____
Address & Street	City	State Zip
_____		_____
Occupation	No. of Years Acquainted	

# Employment Application – Short Form

## References, continued

_____	_____	( ) _____
First Name	Last Name	Telephone No.
-----		
_____	_____	_____ - _____
Address & Street	City	State Zip
-----		
_____	_____	_____
Occupation	No. of Years Acquainted	
_____	_____	( ) _____ - _____
First Name	Last Name	Telephone No.
-----		
_____	_____	_____ - _____
Address & Street	City	State Zip
-----		
_____	_____	_____
Occupation	No. of Years Acquainted	

## Please Read Carefully, Initial Each Paragraph and Sign Below

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my  
Initials chances for employment and that the answers given by me are true and correct to the best of my  
knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I  
understand that any omission or misstatement of material fact on this application or on any document used to  
secure employment shall be grounds for rejection of this application or for immediate discharge if I am  
employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize SpectraSeven to thoroughly investigate my references, Initials work record, education  
and other matters related to my suitability for employment and, further, authorize the references I have listed to  
disclose to the company any and all letters, reports and other information related to my work records, without  
giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and  
all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities  
arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may  
Initials be granted or during my employment, if hired, is intended to create an employment contract between me  
and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite  
or determinable period and may be terminated at any time, with or without prior notice, at the option of either  
myself or the Company, and that no promises or representations contrary to the foregoing are binding on the  
company unless made in writing and signed by me and the Company's designated representative.

\_\_\_\_\_ Should a search of public records (including records documenting an arrest, indictment, conviction,  
Initials civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by  
the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the  
check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records  
even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

## Disclosure and Authorization to Obtain Investigative Consumer Report

In connection with my application for employment or promotion or other job change, I understand that SpectraSeven Inc. may obtain an INVESTIGATIVE CONSUMER REPORT that will include information as to my character, general reputation, personal characteristics and mode of living. This report may reveal information about work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Such a report may be requested by the Company or on behalf of the Company. Further, I understand and agree that the Company may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background and professional licensing if any. Report will be ordered from:

### Background Checks.com

Consumer Reporting Agency Name

(866)- 766- 4066

Telephone

You have the right, upon written request made within a reasonable period of time (not to exceed 30 days) after receipt of this notice to receive a written disclosure of the nature and scope of any investigation.

If a consumer investigative report is obtained and an adverse decision is made affecting your employment, the Company will provide to you, before making the adverse decision, a copy of the investigative consumer report and a description in writing of your rights under the Fair Credit Reporting Act.

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## Disclosure and Authorization to Obtain Investigative Consumer Report

I acknowledge that a fax or copy of this Disclosure and Authorization bearing my signature shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities. I acknowledge that I have received a copy of the Summary of Rights pursuant to the Fair Credit Reporting Act (FCRA).

PLEASE PRINT!

\_\_\_\_\_  
Name (as appear on DL)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

( ) -  
Home Telephone

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
State

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Applicant's Full Legal Name

\_\_\_\_\_  
Date

### Electronic Signature

You agree and consent the use of a key pad, mouse or other device to select an item, button, icon or similar act/action while filling out Spectraseven's Disclosure and Authorization to Obtain Investigative Consumer Report constitutes your signature, as if actually signed by you in writing. Further, you agree no certification authority or other third party verification is necessary to the validity of your electronic signature; and the lack of such certification or third party verification will not in any way affect the enforceability of your signature.

I \_\_\_\_\_ authorize SpectraSeven to release my information on my Disclosure and Authorization to obtain Investigative Consumer Report Form to Comcast Communications in order for me to receive my badge and to install their services to residential customer.

**Electronic Signature**

You agree and consent the use of a key pad, mouse or other device to select an item, button, icon or similar act/action while filling out Spectraseven’s application regarding any agreement, acknowledgement, consent, terms, disclosures or conditions, constitutes your signature, acceptance, and agreement as if actually signed by you in writing. Further, you agree no certification authority or other third party verification is necessary to the validity of your electronic signature; and the lack of such certification or third party verification will not in any way affect the enforceability of your signature.

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Date

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Applicants Full Legal Name