

Please print in ink (preferably black) or use typewriter

Number of attachments _____
Position number _____

Employment Application (v1.0)



Footprint

Footprint employees and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling 480-209-1064.

1. Position applied for _____
(one per application)

2. Dept. _____

(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

3. Social Security No. _____

4. Full legal name _____
Last First Middle

6. Home Phone () _____

5. Address _____

7. Business Ph () _____

_____ City State Zip

8. E-mail Address _____

9. EDUCATION

Check highest degree completed High school BA/BS Masters Other Year Completed _____

| Name and Location of Institution | Hrs | Degree Received | Major or Specialty | Minor | Dates Attended |
|----------------------------------|-----|-----------------|--------------------|-------|----------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

10. **EXPERIENCE** — Use *Supplementary Experience Form(s)* for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? Yes No

a. Job Title _____ Duties: _____

Employer _____

Address _____

Phone _____

Type of business _____

Immediate supervisor _____

Title _____ Number and titles of employees you supervised _____

Salary (start) _____ (finish) _____ Equipment used _____

Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____

Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

b. Job Title _____ **Duties:** _____

Employer _____

Address _____

Phone _____

Type of business _____

Immediate supervisor _____

Title _____ Number and titles of employees you supervised _____

Salary (start) _____ (finish) _____ Equipment used _____

Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____

Full-time ___ Part-time ___ Hours/week _____ Your name if different from present _____

c. Job Title _____ **Duties:** _____

Employer _____

Address _____

Phone _____

Type of business _____

Immediate supervisor _____

Title _____ Number and titles of employees you supervised _____

Salary (start) _____ (finish) _____ Equipment used _____

Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____

Full-time ___ Part-time ___ Hours/week _____ Your name if different from present _____

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills:

e. Computer Skills (PC or Mac) _____ Software _____

f. License or certificate or other authorization to practice a trade or profession.

| | |
|---------------------|------------------------------|
| License/Cert Number | Granted by (licensing board) |
| | |
| | |

11. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
| | | | |
| | | | |
| | | | |

12. MISCELLANEOUS

- a. Check which shift you would prefer: Day Night Rotating Weekends Specify shift _____
- b. Check which job status you would accept: Full-time Part-time (specify) _____
- c. Check which employment status you'd accept: Benefits W-2 No benefits 1099
- d. Are you willing to accept employment which requires you to travel?
 No Yes. If yes, when During the day, Overnight, or Both.
- e. Geographic locations in which you are willing to work. _____
- f. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?
 Yes No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- g. Are you willing to provide your own transportation for your employment? Yes No.
- h. Have you ever been convicted* for any violation(s) of law, including moving traffic violations. Yes No If YES, please provide the Description of offense:
 Statute or ordinance(if known): _____ Date of Charge: _____ ; Date of Conviction _____
 County, City, State of _____
 (For additional convictions use plain paper. Include all information listed above.)

13. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)
 _____ Month _____ Day _____ Year

14. CERTIFICATION--Each Application Requires Current Date and Original Signature

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of the Footprint. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application.

15. CONSUMER DISCLOSURE AND AUTHORIZATION FORM -- Disclosure Regarding Background Investigation

Footprint (the "Company") may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period.

HireRight, Inc., or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight, Inc. is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800) 400-2761. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews with sources such as neighbors, friends and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated. You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc., and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may obtain background reports, throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only: Please check this box if you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

Applicant Last Name _____ First _____ Middle _____

Social Security No.* _____ Date of Birth* _____

Present Address _____

City/State/Zip _____

Prior Addresses _____ From: _____ To: _____

_____ From: _____ To: _____

_____ From: _____ To: _____

Driver's License # _____

Applicant Signature _____ Date _____

* This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.

Date _____ Applicant Signature _____

How did you find out about this employment opportunity?

- Internet
- Footprint Contractor/ Employee
(please specify below)
- Newspaper*
- Other (please specify below)

*specify name of newspaper or other media

Referral Name/ Source

Supplementary Experience Form

Social Security Number _____ Position Applied For _____
Name _____ Announcement Number _____

f. Job Title _____ Duties: _____

Employer _____

Address _____

Phone _____

Type of business _____

Immediate supervisor _____

Title _____ Number and titles of employees you supervised _____

Salary (start) _____ (finish) _____ Equipment used _____

Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____

Full-time ___ Part-time ___ Hours/week _____ Your name if different from present _____

g. Job Title _____ Duties: _____

Employer _____

Address _____

Phone _____

Type of business _____

Immediate supervisor _____

Title _____ Number and titles of employees you supervised _____

Salary (start) _____ (finish) _____ Equipment used _____

Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____

Full-time ___ Part-time ___ Hours/week _____ Your name if different from present _____

Supplementary Experience Form

Social Security Number _____ **Position Applied For** _____

Name _____ **Announcement Number** _____

h. Job Title _____ **Duties:** _____

Employer _____

Address _____

Phone _____

Type of business _____

Immediate supervisor _____

Title _____ Number and titles of employees you supervised _____

Salary (start) _____ (finish) _____ Equipment used _____

Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____

Full-time ___ Part-time ___ Hours/week _____ Your name if different from present _____

i. Job Title _____ **Duties:** _____

Employer _____

Address _____

Phone _____

Type of business _____

Immediate supervisor _____

Title _____ Number and titles of employees you supervised _____

Salary (start) _____ (finish) _____ Equipment used _____

Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____

Full-time ___ Part-time ___ Hours/week _____ Your name if different from present _____