

**RAZ LOGIC LLC**

**Employment Application**

|  |
| --- |
| **Applicant Information** |

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Last First M.I.*

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street Address Apartment/Unit #*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City State Zip Code Country*

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Home Cell Other*

Driver’s License: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Number State Issue Exp. Date*

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **General** **Information** |

Yes No

Yes No

Yes No

1. **Have you ever been known by any other name which might identify you**

**on employment, education or other records?**

**If yes, please provide the name(s) and indicate when they applied** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **If hired, can you provide proof of your legal rights to work and remain**

**in the United States? If no, please describe work authorization status**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*** Offers of employment will require satisfactory completion of a pre-employment drug screen and background investigation.\*\*

1. **Have you ever been employed by RAZ LOGIC LLC?**

**If yes, location?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**From date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**To Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Do you have relatives employed by RAZ LOGIC LLC?**

Yes No

Yes No

Yes No

**If yes, please give their name (s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Willing to relocate?**

**If yes, geographical preference** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Willingness to travel?**

|  |
| --- |
| **Previous Address (Optional Section – Complete required fields if used)** |

Address 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street Address Apartment/Unit #*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City State Zip Code Country*

Address 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street Address Apartment/Unit #*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City State Zip Code Country*

Address 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street Address Apartment/Unit #*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City State Zip Code Country*

|  |
| --- |
| **Identification of Status** |

Please indicate the status situation that applies to you and then follow the instructions:

**Have you ever been employed by the U.S. Government?**

Yes No

Yes No

1. I am currently employed by the U.S. Government.

*If yes, complete sections A, B, C, D*

1. I am a former U.S. Government officer or employee who left Government

service within the past twelve (12) months.

*If yes, complete sections B, C, D*

1. I am a former U.S. Government officer or employee who left Government

Yes No

Yes No

service more than twelve (12) months but less than twenty-four (24) months ago.

*If yes, complete sections C, D*

1. I am a former U.S. Government officer or employee who left

Government service more than twenty-four (24) months ago.

*If yes, complete section E Only*

|  |
| --- |
| **Section A - Current Government Employees (Optional Section - Complete required fields if used)** |

**Reporting and Recusal Requirements**

1. **As a current employee of the U.S. Government, you are subject to certain reporting and recusal requirements regarding seeking employment or consulting services with RAZ LOGIC LLC. Please indicate the below paragraph below that applies to your current Government employment:**

**Yes No Your current duties in the U.S. Government include participation**

(i.e., making decisions or recommendations, approving or disapproving, rendering advice, investigating, etc.) in procurement or other matters which may involve RAZ Logic LLC. If you perform such duties, you agree to promptly notify your supervisor and DAEO of your employment/consultant interests with RAZ Logic LLC. You further agree that during the period of discussing employment or consultant services with RAZ Logic LLC, you will recuse yourself from participation in any procurement or other matter involving RAZ Logic LLC in accordance with applicable federal laws or regulations, unless your disqualification is waived in writing by the DAEO or other appropriate Government authority pursuant to laws or regulations. Any questions regarding the nature or extent of your obligations in this regard should be raised directly with your DAEO.

**Yes No** **Your current duties in the U.S. Government DO NOT include participation**

(i.e., making decisions or recommendations, approving or disapproving, rendering advice, investigating, etc.) in any procurement or other matter which may involve RAZ LOGIC LLC; but if, during the period of discussing employment or a consultant relationship with RAZ LOGIC LLC, your duties with the Government change so as to require participation in any procurement or other matter involving RAZ LOGIC LLC, you agree to promptly notify your supervisor and DAEO of your employment/consultant interests with RAZ LOGIC LLC. You further agree to recuse yourself from such participation in accordance with applicable federal laws or regulations, unless your disqualification is waived in writing by the DAEO or other appropriate government authority pursuant to laws or regulations. Any questions regarding the nature or extent of your obligations in this regard should be raised directly with your DAEO.

**Yes No** **Terminal Leave**

You may be hired while on terminal leave from the military, subject to certain conditions and restrictions including (1) you have obtained prior written approval from your command for “outside employment” with RAZ LOGIC LLC, if required, and by signing this form you hereby certify and represent that you have obtained such required approval and will provide a copy to RAZ LOGIC LLC; and (2) if you are a commissioned military officer, (a) you may not represent, communicate or appear on behalf of RAZ LOGIC LLC, or otherwise act as an agent for RAZ LOGIC LLC, before any Government agency or official with respect to any matter, regardless of your prior involvement therein, until after your final separation date, and (b) by direction of the Department of Defense, you may not interact, appear or perform work in a federal workplace or Government facility during yourterminal leave period. Condition (2) above does not apply to enlisted military personnel or noncommissioned military officer.

1. **Are you now or do you expect to be on terminal leave from the U.S. military?**

If yes, please state the actual or expected start and end dates of your terminal leave period:

Start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sec**

|  |
| --- |
| **Section B - Current Government Employees and Those Who Were Within Past 12 Months (Optional Section - Complete required fields if used)** |

The following information and questions apply to all applicants who are currently or were at any time within the past twelve (12) months employed by the U.S. Government. A current U.S. Government officer or employee, or a former U.S. Government officer or employee who left the Government within the last twelve (12) months, may not accept compensation from RAZ LOGIC LLC as an employee, officer, director, or consultant within a period of one (1) year after serving in any of the roles identified below in connection with a procurement in which RAZ LOGIC LLC was selected for award of and/or awarded a contract that exceeded $10 million.

Please answer Yes or No to the following questions.

1. Within the last twelve (12) months, have you served in any of the following capacities in

connection with a procurement in which RAZ Logic LLC was selected for an award or awarded a U.S. Government contract that exceeded $10 million (including options):

**Yes No** Procuring Contracting Officer?

**Yes No** Source Selection Authority (SSA)?

**Yes No** Member of a Source Selection Evaluation Board (SSEB)?

**Yes No** Chief of a financial or technical evaluation team?

1. Within the last twelve (12) months, have you served in any of the following capacities in connection with a U.S. Government contract awarded to RAZ LOGIC LLC that exceeded $10 million (including options):

**Yes No** Program Manager?

**Yes No** Deputy Program Manager?

**Yes No** Administrative Contracting Officer?

1. Within the last twelve (12) months, have you personally made any decisions for the U.S. Government agency that employed you involving:

**Yes No** Award of a contract, subcontract, modification, task order or delivery order in

excess of $10 million to RAZ LOGIC LLC?

**Yes No** Establishment of overhead or other rates applicable to RAZ LOGIC LLC

contract(s) valued in excess of $10 million?

**Yes No** Approval of contract payment(s) in excess of $10 million to RAZ LOGIC LLC?

**Yes No** Payment or settlement of a claim in excess of $10 million with RAZ LOGIC LLC?

|  |
| --- |
| **Section C - Current and Former Government Employees (Optional Section - Complete required fields if used)** |

The following information and questions apply to all applicants (except enlisted military personnel and noncommissioned military officers) who are currently or at any time formerly employed by the U.S. Government.

If you are seeking employment or consultant status with RAZ LOGIC LLC, or you are later tasked by RAZ LOGIC LLC, to work on the particular matter in which you were personally and substantially involved while in Government service, or which was actually pending under your official responsibility during your last year of Government service, federal law either forever prohibits or restricts for two (2) years your ability to represent, or communicate or appear on behalf of, RAZ LOGIC LLC before the U.S. Government, with the intent or effect of influencing the Government in any way with respect to that particular matter.

These restrictions apply to current and former U.S. Government employees, including commissioned military officers, but do not apply to enlisted military personnel or noncommissioned military officers. These restrictions do not apply to any matters other than those described herein. Please note that if you are hired by RAZ LOGIC LLC, and are subsequently assigned to work on a particular matter described above, you may not begin work on that task until you contact RAZ LOGIC LLC’s General Counsel or the EVP-Operations and receive a determination on what restrictions may apply to that task.

**Yes No** Are you seeking employment or consultant status with RAZ LOGIC LLC to work

on a particular matter in which you were personally and substantially involved, or which was actually pending under your official responsibility, while you served in the Government?

**Yes No** If yes, please provide a detailed description of (i) the matter, (ii) the nature of

your duties in Government service, (iii) the time period during which you

performed such duties, and (iv) the expected nature of your duties at RAZ LOGIC

LLC.

Federal law generally prohibits Senior executive branch personnel from communicating or appearing before their former agency seeking action from that agency on any matter, regardless of their involvement in that matter, for a period of one (1) year following final separation from Government service. Very Senior Government personnel are subject to a similar, but somewhat broader, two (2) year restriction.

Senior Government personnel are defined as (i) persons paid on the Executive Schedule; (ii) persons whose rate of basic pay is equal to or greater than 86.5 percent of the rate payable for Level II of the Executive Schedule; (iii) active duty commissioned officers whose pay grade is 0-7 or above; (iv) Presidential and Vice Presidential appointees to certain White House or other positions; and (v) persons assigned from the private sector to a Government agency pursuant to the Intergovernmental Personnel Act (5 U.S.C. §§ 3701 et seq.).

Very Senior Government personnel are defined as (i) the Vice President; (ii) persons paid at a rate of pay payable for Level I of the Executive Schedule; (iii) persons employed in the Executive Office of the President at a rate of pay payable for Level II of the Executive Schedule; or (iv) persons appointed by the President or Vice President to certain White House or other positions).

**Yes No** Are you now, or were you within the past 12 months, a Senior

Government Employee?

**Yes No** Are you now, or were you within the past 24 months, a Very Senior

Government employee?

If you answered “Yes” to either question, please identify your pay grade or rank and the date of your retirement or final separation from the Government:

**Pay Grade or Rank** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Date of Terminal Leave** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Retirement or Final Separation** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Section D - Current DoD Employees and Those Who Were Within Past 24 Months (Optional Section - Complete required fields if used)** |

Section 847 of the National Defense Authorization Act for Fiscal Year 2008 (Pub. L. No. 110-181) requires certain current and former officials or employees of the U.S. Department of Defense (DoD), including any agency, command, organization or military department of the DoD, to seek and obtain a written ethics opinion regarding the applicability of post-employment restrictions to activities they may undertake on behalf of a contractor. The law also requires that before providing compensation to any such former official, RAZ LOGIC LLC (as a federal contractor) must first determine that the former official has received such a written ethics opinion (or requested such an opinion in writing more than 30 days ago and is still awaiting receipt thereof).

In order to ensure compliance with these requirements, please answer the following questions.

**Yes No** Do you now serve, or did you at anytime in the past two (2) years, serve as an

official or employee of the DoD?

**Yes No** While a DoD employee, do you now, or did you at any time in the past two (2)

years, (a) serve in an Executive Schedule position, a Senior Executive Service

position, or a general or flag officer position compensated at a rate of pay for

Grade O-7 or above, and (b) at any time participate personally and

substantially in an acquisition with a value in excess of $10 million?

**Yes No** While a DoD employee, do you now serve, or did you at anytime in the past

two (2) years serve, as a program manager, deputy program manager, procuring contracting officer, administrative contracting officer, source selection authority, member of the source selection evaluation board, or chief of a financial or technical evaluation team for a contract in excess of $10 million?

**Yes No** Have you received a written Ethics Opinion from the designated agency ethics

official or other ethics counselor responsible for your current or former DoD

organization addressing the applicability of post-employment restrictions to

the activities you expect to undertake on behalf of RAZ LOGIC LLC?

**Yes No** Did you request in writing more than 30 days ago, but have not yet received, a

written Ethics Opinion from the designated agency ethics official or other

counselor responsible for your current or former DoD organization addressing

the applicability of post-employment restrictions to the activities you expect to

undertake on behalf of RAZ LOGIC LLC?

|  |
| --- |
| **Section E - Those Who Were Government Employees More than 24 Months Ago (Optional Section - Complete required fields if used)** |

**Yes No** I am a former Government employee who has no post-Government

employment work restrictions.

**Yes No** I am a former government employee who does have post-Government

employment work restrictions, which are described as follows

Please include full description and any government documentation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Most Recent Employer** |

Employer**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name City State Country*

Position/Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Duties:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you presently employed by this company? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leaving or considering leaving? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Starting Base Salary $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Base Salary $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other compensation (Explain any additional compensation you received, such as bonuses, shift premium or overtime):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact this employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Previous Employer 1** |

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name City State Country*

Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you presently employed by this company? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leaving or considering leaving? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Starting Base Salary $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Base Salary $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other compensation (Explain any additional compensation you received, such as bonuses, shift premium or overtime):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact this employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Previous Employer 2 (Optional Section – Complete required fields if used)** |

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name City State Country*

Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you presently employed by this company? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leaving or considering leaving? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Starting Base Salary $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Base Salary $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other compensation (Explain any additional compensation you received, such as bonuses, shift premium or overtime):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact this employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Previous Employer 3 (Optional Section – Complete required fields if used)** |

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name City State Country*

Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_

Job Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you presently employed by this company? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leaving or considering leaving? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Starting Base Salary $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Base Salary $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other compensation (Explain any additional compensation you received, such as bonuses, shift premium or overtime):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact this employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Previous Employer 4 (Optional Section – Complete required fields if used)** |

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name City State Country*

Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you presently employed by this company? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leaving or considering leaving? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Starting Base Salary $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Base Salary $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other compensation (Explain any additional compensation you received, such as bonuses, shift premium or overtime):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact this employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Previous Employer 5 (Optional Section – Complete required fields if used)** |

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name City State Country*

Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you presently employed by this company? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leaving or considering leaving? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Starting Base Salary $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Base Salary $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other compensation (Explain any additional compensation you received, such as bonuses, shift premium or overtime):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact this employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Highest Education (Optional Section – Complete required fields if used)** |

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City State Country*

Degree Granted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diploma or Degree Obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_

Major 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA Overall – 1st Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Other Degree 1 (Optional Section – Complete required fields if used)** |

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City State Country*

Degree Granted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diploma or Degree Obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Other Degree 2 (Optional Section – Complete required fields if used)** |

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City State Country*

Degree Granted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diploma or Degree Obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Other Degree 3 (Optional Section – Complete required fields if used)** |

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City State Country*

Degree Granted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diploma or Degree Obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Other Degree 4 (Optional Section – Complete required fields if used)** |

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City State Country*

Degree Granted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diploma or Degree Obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Achievements and Certifications** |

Please list any other Academic Achievements and Certifications (e.g. vocational training, patents, publications, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Reference 1** |

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Company:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Years Acquainted:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Reference 2** |

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Company:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Years Acquainted:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Reference 3** |

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Company:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Years Acquainted:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Certification** |

1. I certify that the information and answers given by me on this application (and accompanying resume) as well as any other information furnished by me in connection with my application for employment are truthful, accurate and complete to the best of my knowledge.
2. I authorize the company and its representatives to make any inquiry or investigation into the answers, information, and references given by me, and to secure additional job-related information about me. Further, I authorize my present employer, if any, and each of my prior employers, references, and all other persons, corporations, partnerships and associations to provide any such information regarding my employment and its termination to the company. I understand it is possible that my prior employment records may not be accurate. Nevertheless, in consideration of RAZ LOGIC LLC’s review of this application, I release from liability the company and its representatives, all former employers, references, and all other persons, corporations, or organizations from any and all liability as a result of furnishing and/or receiving of this reference information. A photocopy of this release shall be as valid as the original.
3. I understand that any misrepresentation, inaccuracy or omission made by me in connection with this application may disqualify me for employment with the company and may subject me to discharge if it is discovered after I have been employed by the company.
4. In making an application for employment, I understand that an investigative report may be made by a consumer reporting agency, which may include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such a report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.
5. I also understand that, if hired, and employed in an employment-at-will state, I will be free to resign at any time, and that the company will likewise be free to terminate my employment at any time with or without cause, and with or without notice. I further understand that neither this application, nor any other communication from the company, is intended to create an employment contract and that no representative of the company has the authority to make any assurances to the contrary.
6. I understand and agree that any employee handbook or other company manuals that I may receive will not constitute employment contracts, but will be merely a statement of the company’s then current policies, which may be changed at the sole discretion of the company’s management.
7. I understand that the company reserves the right to require its employees to submit to blood test or urinalysis for alcohol or drug screens, or to allow inspection of vehicles, bags (including purses or briefcases) or parcels brought into or taken out of the company. I understand that refusal to submit to urinalysis, blood test or search, when requested to do so, may result in termination of my employment. I also understand that once a conditional offer of employment has been made, I will be required to submit to a physical exam that will include an alcohol/drug screen. I understand that employment will be contingent upon a clear and satisfactory testing for controlled substances.

**To the terms and conditions above** \_\_\_\_\_\_

|  |
| --- |
| **Notice and Disclosure** |

**Disclosure to Employment Applicant Regarding Procurement of A Consumer Report**

In connection with your application for employment, we may procure a consumer report or an investigative consumer report on you as part of the process of considering your candidacy as an employee. The nature and scope of the report includes information regarding you credit worthiness and standing, driving habits and record, general character and reputation, prior workers compensation claims, and any criminal record. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights in the 'Summary of Your Rights under the Fair Credit Reporting Act'.

A 'Summary of Your Rights Under the Provisions of California Civil Code Section 1786.22'.

This report will be processed by:

ADP Screening and Selection Services 301 Remington

Fort Collins, Colorado 80524 800/367-5933

By your affirmative keystroke you hereby authorize us to obtain a consumer report about you to consider you for employment.

**To the terms and conditions above** \_\_\_\_\_\_

**I have received a copy of the following documents via links in the above Background Check Disclosure and Authorization Form: A Summary of Your Rights, A Summary of Your Rights under the Provisions of California Civil Code Section 1786.22** \_\_\_\_\_\_

|  |
| --- |
| **Release Authorization** |

1. In connection with my application for employment, I understand that a background investigation report may be requested that will include information as to my character, work habits, performance, and experience, along with reason for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references.
2. Medical and workers' compensation information will only be requested in compliance with the federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
4. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by ADP Screening and Selection Services, 301 Remington, Fort Collins Colorado 80524 or its agent, to furnish the information described in Section 1.
5. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to RAZ LOGIC LLC. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of 004 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above-mentioned information or reports.

**To the terms and conditions above** \_\_\_\_\_\_

|  |
| --- |
| **Reports** |

**Yes No**

**Do you want a copy of the report(s) ordered?**

The report(s) will be sent by the reporting agency to you at the address entered on the application.

|  |
| --- |
| **Application Statement** |

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I authorize past employers, schools, persons and organizations having relevant information or knowledge to release to RAZ LOGIC LLC for its use in deciding whether or not to offer me employment and specifically waive any required written notification. Upon written request by me, within a reasonable period of time, RAZ LOGIC LLC will make available to me the nature and scope of all reports of every type obtained.

**To the terms and conditions above** \_\_\_\_\_\_

|  |
| --- |
| **Signature Section** |

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Today’s Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social Security Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birth Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Not available to Employer prior to hire*

|  |
| --- |
| **Sending Application** |

**Email application and resume to** [Administration@Raz-Logic.com](mailto:Administration@Raz-Logic.com)**.**