

COMPSPEC, INC.

An Equal Opportunity Employer



Employment Application

| APPLICANT INFORMATION | | | | | | | | | | | | | | |
|---|-------------------|--------------------------|-------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------|--------------------------|--------|--------------------------|
| Last Name | | | | | First | | | M.I. | | Date | | | | |
| Street Address | | | | | | | Apartment/Unit # | | | | | | | |
| City | | | | | State | | | ZIP | | | | | | |
| Home Phone | | | | | Mobile Phone | | | | | | | | | |
| Social Security No. | | | | | E-mail Address | | | | | | | | | |
| Date Available | | | | | Desired Salary | | | | | | | | | |
| Position Applied for | | | | | Will you be able to work overtime if necessary? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | | | | | |
| Days Available | Monday | <input type="checkbox"/> | Tuesday | <input type="checkbox"/> | Wednesday | <input type="checkbox"/> | Thursday | <input type="checkbox"/> | Friday | <input type="checkbox"/> | Saturday | <input type="checkbox"/> | Sunday | <input type="checkbox"/> |
| Hours Available | | | | | | | | | | | | | | |
| Are you applying for: | Regular full-time | <input type="checkbox"/> | Regular part-time | <input type="checkbox"/> | Temporary Work | <input type="checkbox"/> | | | | to | | | | |
| Are you a citizen of the United States? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | | | | | |
| Have you ever worked for COMPSPEC ? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | If so, when? | | | | | | | | | |
| Have you applied at COMPSPEC before? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | If so, when? | | | | | | | | | |
| Any friends or relatives work for COMPSPEC ? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | If so, state name and relationship below: | | | | | | | | | |
| Name | | | | | Relationship | | | | | | | | | |
| Name | | | | | Relationship | | | | | | | | | |
| Name | | | | | Relationship | | | | | | | | | |
| If hired, would you have a reliable means of transportation to and from work? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | | | | | | | | | | |
| Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age) | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | | | | | | | | | | |
| Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | | | | | | | | | | |
| If no, describe the functions that cannot be performed: | | | | | | | | | | | | | | |
| (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.) | | | | | | | | | | | | | | |

QUALIFICATIONS

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages?

YES NO

Language

Speak YES NO

Read YES NO

Write YES NO

Language

Speak YES NO

Read YES NO

Write YES NO

Language

Speak YES NO

Read YES NO

Write YES NO

Do you have any other experience, training or qualifications which you feel make you more suited for this position

YES NO

If yes, please explain

EDUCATION

High School

Address

From

To

Did you graduate?

YES

NO

Degree

College

Address

From

To

Did you graduate?

YES

NO

Degree

Vocational

Address

From

To

Did you graduate?

YES

NO

Degree

Vocational/
Business

Address

Health Care
Training

To

Did you graduate?

YES

NO

Degree

REFERENCES

Please list three professional references.

Full Name

Relationship

Company

Phone

Address

Full Name

Relationship

Company

Phone

Address

Full Name

Relationship

Company

Phone

Address

CURRENT / PREVIOUS EMPLOYMENT

| | | | | | |
|---|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| Company | | Phone | | | |
| Address | | Supervisor | | | |
| Job Title | | From | | To | |
| Responsibilities | | | | | |
| Reason for Leaving | | | | | |
| Are you currently employed at this location | YES <input type="checkbox"/> | NO <input type="checkbox"/> | May we contact your supervisor for a reference? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

| | | | | | |
|---|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| Company | | Phone | | | |
| Address | | Supervisor | | | |
| Job Title | | From | | To | |
| Responsibilities | | | | | |
| Reason for Leaving | | | | | |
| Are you currently employed at this location | YES <input type="checkbox"/> | NO <input type="checkbox"/> | May we contact your supervisor for a reference? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

| | | | | | |
|---|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| Company | | Phone | | | |
| Address | | Supervisor | | | |
| Job Title | | From | | To | |
| Responsibilities | | | | | |
| Reason for Leaving | | | | | |
| Are you currently employed at this location | YES <input type="checkbox"/> | NO <input type="checkbox"/> | May we contact your supervisor for a reference? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

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|---|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| Company | | Phone | | | |
| Address | | Supervisor | | | |
| Job Title | | From | | To | |
| Responsibilities | | | | | |
| Reason for Leaving | | | | | |
| Are you currently employed at this location | YES <input type="checkbox"/> | NO <input type="checkbox"/> | May we contact your supervisor for a reference? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

MILITARY SERVICE

| | | | |
|----------------------------------|--|-------------------|----|
| Branch | | From | To |
| Rank at Discharge | | Type of Discharge | |
| If other than honorable, explain | | | |
| | | | |

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize CompSpec, Inc. or any agent of CompSpec, Inc. to Contact any and all corporations, former employers, educational institutions, law enforcement agencies, city, state, county and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, driving record, criminal filings/record (outstanding warrants), civil filings, federal and state health care programs (including Exclusions Lists of) and general public records to the person or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for collecting the above information.

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

| | | | | | |
|--|--|--------------|------------------------|----------------|-----|
| Last Name | | First | | Middle | |
| List any other name used in the last 7 years | | | | | |
| Date of Birth | | | Social Security Number | | |
| Driver License Number | | State Issued | | Daytime Phone: | |
| Professional License Held | | State Issued | | | |
| List your current mailing address as well as any other cities or towns you have lived in for the past 7 years: | | | | | |
| Current: | | | | | |
| Address | | City | | State | Zip |
| Previous: | | | | | |
| City | | State | Zip | Dates: | To |
| City | | State | Zip | Dates: | To |
| City | | State | Zip | Dates: | To |
| City | | State | Zip | Dates: | To |
| City | | State | Zip | Dates: | to |
| <p>By signing below, I _____, acknowledge and agree to the aforementioned.</p> | | | | | |
| Signature | | | | Date | |