

IET CORPORATION EMPLOYMENT APPLICATION

IET Corporation is an equal opportunity employer. We adhere to a policy of making all employment decisions without regard to race, color, sex, sexual orientation, gender identity, religion, national origin, age, disability, veteran status, sexual orientation, citizenship or any other protected classification which may be applicable.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. This application will remain active for a period of 30 days after the date of application.

THIS APPLICATION IS NOT COMPLETE UNTIL ALL STATEMENTS ARE READ AND APPLICATION IS SIGNED.

PERSONAL INFORMATION

Date: _____

Name: _____ Social Security Number: _____
Last First Middle

Home Phone: _____ Email Address: _____

Current Address: _____

City: _____ State: _____ Zip: _____
Number Street Apt #

How long have you resided at your current address? _____

Previous Address: _____

City: _____ State: _____ Zip: _____
Number Street Apt #

How long did you reside at your previous address? _____

List any other name you have used to assist us in checking your references and background

Can you submit verification of your right to work in the U.S.? Yes No

Have you ever been CONVICTED of a misdemeanor (other than minor traffic violation) or a felony that has not been judicially sealed, expunged or pardoned (conviction of a crime will not necessarily disqualify you from consideration for employment)? Yes No

If yes, list nature of offense, dates of conviction and dates of incarceration: _____

Driver's License: State: _____ Number: _____ Expiration: _____ Type: _____

Do you have your own reliable transportation? Yes No

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The information contained in this document is proprietary and confidential and shall not be disclosed in any form in whole or in part without the written permission of IET Corporation.

EMPLOYMENT DESIRED

What type of employment are you seeking: Full-Time Part-Time

Position(s) applying for:

- Installer Technician Security Technician Foreman Superintendent
- Administrative Estimating/Engineering Finance Human Resources Other- list below

Other: _____

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

Are you able to meet the attendance requirements for the position for which you are applying? Yes No

Do you have a security clearance: Yes No If yes, what level? _____ Origination Date: _____

Salary desired: _____ Hour Week Year Date available to start: _____

Have you ever worked for or applied to our company before? Yes No

If yes, please give details: _____

How did you hear about our company and/or available position? _____

Are you currently employed? Yes No If yes, for whom? _____

EDUCATION

High School: _____ Graduate? Yes No

Courses Studied: _____

College: _____ From: _____ To: _____ Graduate? Yes No

Courses Studied: _____

Other Education: _____ From: _____ To: _____ Graduate? Yes No

Courses Studied: _____

SPECIAL SKILLS

Please list any equipment which you are experienced in using: _____

PREVIOUS EMPLOYMENT

Employers Name: _____

Employers Address: _____

Supervisor's Name: _____ Phone Number: _____

Employed From: _____ To: _____ Position: _____

Duties: _____

Employers Name: _____

Employers Address: _____

Supervisor's Name: _____ Phone Number: _____

Employed From: _____ To: _____ Position: _____

Duties: _____

Employers Name: _____

Employers Address: _____

Supervisor's Name: _____ Phone Number: _____

Employed From: _____ To: _____ Position: _____

Duties: _____

REFERENCES

Name: _____ Relationship: _____

Phone Number: _____ Years known: _____

Name: _____ Relationship: _____

Phone Number: _____ Years known: _____

Name: _____ Relationship: _____

Phone Number: _____ Years known: _____

I certify that all of the information furnished on this application and during the application process is true, complete, and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for will result in refusal to hire, or if hired, will result in my dismissal at any time regardless of when the false answer or omissions are discovered.

As a condition of my employment, I hereby agree that if I am offered employment, I may be required to submit medical evaluation at the expense of the company. I understand that any medical evaluation procedure is consistent with the company's affirmative action commitments to the disabled and consistent with the Americans with Disabilities Act. I further understand that the purpose of the medical examination is solely to determine whether I am able to perform the essential functions of the position offered, with or without reasonable accommodation.

Under Maryland law, an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or to take a polygraph, lie detector, similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.

Signature of Applicant: _____

Date: _____

Signature of Witness: _____

Date: _____

DO NOT WRITE BELOW. FOR OFFICE USE ONLY.

Job Status: Full-Time Part-Time

Location: USCP Construction Office Service Department

* If hired for USCP, is a badge needed? _____

Position: _____

Start Date: _____

Manager: _____

Notes: _____

Approved By: _____

Date: _____

BACKGROUND AUTHORIZATION AND RELEASE FORM

I, _____
Last Name
First Name
Middle Name

currently reside at _____
Street
City
State
Zip Code

from: _____ to: _____
MM/DD/YYYY
MM/DD/YYYY

If you have not resided at the above address for seven years, list previous addresses below.

Addresses for the Past Seven Years: (include street, city, state, zip code)				Dates of Residence:	
Street	City	State	Zip Code	From	To
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Date of Birth: _____ Social Security Number: _____ Driver's License Number: _____ State: _____
MM/DD/YYYY

Other Names Used (including maiden name)	Years Used:	
Name	From	To
_____	_____	_____
_____	_____	_____

do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **IET Corporation** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IET Corporation** for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **IET Corporation** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

**I hereby do _____ do not _____ authorize you to contact *my current* employer for Employment and Reference Verifications.

IET Corporation obtains your background information from **IntelliCorp Records, Inc.** I have the right to make a request to **IntelliCorp Records, Inc.** upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Applicant's Signature: _____ Date: _____

CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY: If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Report, please check the box. This report may include character and reputation information obtained through personal interviews.

DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.

OFFICE USE ONLY
 SCANNED/SAVED IN EMPLOYEE SOFT FOLDER ON HR SERVER: DATE: _____ INITIALS: _____
THE HARD COPY OF THIS DOCUMENT IS FILED IN THE EMPLOYEE FOLDER.