

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: _____ Cell Phone _____ Email Address: _____

Current Address: _____
Number Street Apt #

City: _____ State: _____ Zip: _____

How long have you resided at your current address? _____

Previous Address: _____
Number Street Apt #

City: _____ State: _____ Zip: _____

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: _____

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Supervisor's Name: _____ Phone Number: _____
Employed From: _____ To: _____ Position: _____
Duties: _____

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Employers Address: _____
Supervisor's Name: _____ Phone Number: _____
Employed From: _____ To: _____ Position: _____
Duties: _____

REFERENCES (must provide two professional references)

Name: _____ Relationship: _____
Phone Number: _____ Years known: _____

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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 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 on 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.

IETCORP

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: _____