

EMPLOYMENT APPLICATION



a managed services company

7675 N. San Fernando Road.
Burbank, CA 91505

AN EQUAL OPPORTUNITY EMPLOYER

**Please print your responses. The employer is sometimes referred to below as “Company.”
Please read the attached job description for the position being applied for.**

IDENTIFICATION:

Date: _____

Name [last name first]: _____
[last] [first] [middle]

Current address: _____
[number and street] [city] [state] [zip code]

Permanent address
(if different from above): _____
[number and street] [city] [state] [zip code]

Email Address: _____ Mobile Phone No.: _____

Referred by: _____

Referral Source: Walk-In Referral Company's Website Advertisement
 Staffing Agency Job Fair Internet Other

EMPLOYMENT APPLIED FOR:

Position: _____ Are you applying for: Full Time Part Time

Date you are able to start if hired: _____

Days you are able to work: ALL Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Shifts you are able to work: ALL 1st 2nd 3rd Overnight

Will you be available to work overtime if needed? Yes No Are you able to work weekends? Yes No

Have you ever applied for work with this Company before? No Yes If yes, when? _____

PERSONAL INFORMATION:

EDUCATION:	Name and Location of Institution	No. of Years Attended	Did you Graduate?	Name of Degree or Diploma?	Subjects Studied
Trade, Vocational Business or Correspondence School			Yes ____ No ____		
College or University			Yes ____ No ____		
High School			Yes ____ No ____		

GENERAL:

Do you possess any other background, training, skills or knowledge that qualifies you for the position applied for?
If yes, please specify:

Are you 18 years of age or older? Yes No (Persons under 18 must verify they are of minimum legal age to be hired)

Do you have the legal right to be employed in the U.S.? Yes No

Note that in compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.

Please provide applicable information:

Type of license or certificate: _____ Number: _____
State where issued: _____ Date: _____

Has the license or certificate been suspended or revoked at any time? Yes No

If yes, please explain why, including dates of suspension/revocation and of reinstatement:

I have read and I understand the attached job description for the position being applied for: Yes No

I am able, with or without reasonable accommodations, to perform the essential aspects of the position I am applying for:

Yes No

(NOTE: This Company complies with the federal Americans with Disabilities Act, Title VII of the Civil Rights Act of 1964, and other applicable state and local laws, such as California's Fair Employment and Housing Act for California applicants, the District of Columbia Human Rights Act for D.C. applicants, etc., and will thus strive to implement measures needed to reasonably accommodate qualified applicants and employees to handle essential functions of a job.)

HISTORY OF EMPLOYMENT:

[List below last four employers, starting with last one first]

Company Name:	Phone Number:
Address: <i>(Street, City, State, Zip Code)</i>	
Job Title:	Dates of Employment:
Summarize Job Responsibilities:	
Supervisor Name:	May We Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:	

Company Name:	Phone Number:
Address: <i>(Street, City, State, Zip Code)</i>	
Job Title:	Dates of Employment:
Summarize Job Responsibilities:	
Supervisor Name:	May We Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:	

Company Name:	Phone Number:
Address: <i>(Street, City, State, Zip Code)</i>	
Job Title:	Dates of Employment:
Summarize Job Responsibilities:	
Supervisor Name:	May We Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:	

Company Name:	Phone Number:
Address: <i>(Street, City, State, Zip Code)</i>	
Job Title:	Dates of Employment:
Summarize Job Responsibilities:	
Supervisor Name:	May We Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:	

Please explain any gap in the employment history above. Please note, unemployment status will not affect applicant's employment eligibility:

REFERENCES:

Please supply three people who are not family members who can provide first-hand information of your work skills and performance within the past four years.

Name	Address and Telephone No.	Business	Occupation	No. of Years Known

Please fully read and understand the text below, **initial** separately at each paragraph, and date and sign at the bottom:

_____ 1. I have completed this application for employment as well as any and all other related or supplemental documents personally and all the answers supplied in this application and the other documents are complete and accurate. I have not intentionally omitted or failed to disclose any data that may reduce my prospects for employment with this Company. I understand that any falsification or omission of, or failure to disclose, such relevant information shall be grounds for the Company, on discovery of the problem, to reject the application or, if I am employed, to immediately terminate employment.

_____ 2. I authorize the Company to research and investigate, through the references I have supplied and through any other lawful means, my employment history, education, skills and any other matter related to my qualifications for the position applied for in accordance with applicable law. I similarly authorize the references I have supplied to disclose to the Company -- and, unless otherwise required by law, without any notice to me of such disclosure -- any and all reports, transcripts, letters and other records and documents related to my past work, education and any other matter related to my qualifications for employment in accordance with applicable law. After making a conditional offer of employment and only to the extent permitted by applicable law, Company may obtain a consumer credit report and/or an investigative consumer report via a third-party background screening company, such as Mega Group Online, www.megagrouponline.com. If Company obtains a consumer investigative report which would cause it to make an adverse decision affecting my employment, then Company or its background screening company will provide to me a copy of that report and a summary of my rights under the Fair Credit Reporting Act prior to making the adverse decision. Company’s background screening company may also obtain my consumer credit report from a consumer reporting agency for employment related purposes if permitted by applicable law and if the position I am applying for is a managerial position and/or one that involves access to confidential or proprietary information, including trade secrets. Further, I hereby release the Company, all my past employers, all my past educational institutions and all other individuals, corporations, partnerships and organizations from any and all actions, suits, claims, demands, liabilities, damages, costs, and expenses, including reasonable attorney fees, arising from or in any way related to such research, investigation and/or disclosure. ** Company will evaluate applicants with criminal histories in accordance with all applicable “Fair Chance” Ordinances.

- _____ 3. Having read and understood the attached job description, I acknowledge and agree that in order to enable the Company to determine whether I possess the skills and other personal qualities necessary to qualify for the position I am applying for, the Company may engage in a testing and interview process. The tests may include but not be limited to those that measure intelligence, aptitude and personality traits required to meet the requirements of the position, including but not limited to meeting the Company's standards for performance, interpersonal relations and competence on the job. Accordingly, I hereby release the Company and any and all Company employees, representatives, associated testing services and any and all other individuals, corporations, partnerships and organizations from any and all actions, suits, claims, demands, liabilities, damages, costs, and expenses, including reasonable attorney fees, arising from or in any way related to such testing and interview processes, including but not limited to claims based on any state or federal rights of privacy.**
- _____ 4. I acknowledge and agree any claim or dispute that arises from my submission of this application that cannot be resolved by initial direct communications between the Company and me shall be resolved by binding arbitration. [For California applicants, such arbitration shall be pursuant to the provisions of California Code of Civil Procedure (CCP), Title 9 beginning with section 1280. CCP section 1283.05 (manner of taking depositions) shall not apply to any claim not covered by CCP section 1283.1(a).] Private alternative dispute resolution provider American Arbitration Association (AAA) shall arbitrate such dispute unless another third-party arbitrator is agreed upon in writing by both parties. The arbitration shall be conducted either in accordance with AAA's Employment Arbitration Rules and Procedures which are in effect at the time of the arbitration or, if an alternative arbitrator is agreed upon, in accordance with the then current rules and procedures of that other third-party arbitrator. I understand however that by this agreement, the arbitrator is prohibited from imposing any type of fees, cost or expense upon me that I would not be required to bear if I were free to bring a legal action in court. In the event I am hired by the Company, then its published policies and procedures for resolution, mediation and arbitration of disputes with employees, including but not limited to those stated in the Company's employment agreement, shall replace this agreement to arbitrate. Except as expressly prohibited by law, each side waives its right to bring or participate in a class action proceeding in any state or federal court ("Class Claims"). Class actions procedures shall not be asserted, nor will they apply in any such arbitration, and neither side shall seek to represent Class Claims in arbitration.
- _____ 5. I understand that all employment offers are conditioned on providing satisfactory proof of my identity and legal authority to work in the United States.
- _____ 6. I understand that nothing in this application and nothing in communications between me and Company representatives or associates during the application, interview and/or testing process is intended to create an offer of employment or a contract of employment between me and the Company. If hired by the Company, nothing in this application and nothing in communications between me and Company representatives or associates during the application, interview and/or testing process and nothing in my employment is intended to create or should be construed to create anything other than "at-will" employment for no definite or determinable period, employment that may be terminated by either me or the Company at any time, for any reason or no reason at all and without prior notice. I further acknowledge and agree that any promises or representations that contradict any of the above paragraphs are only binding on the Company if signed in writing by me and an authorized Company representative.

_____7. During this application process, I will not use or disclose any trade secret or other confidential information I obtained from my prior or current employer(s) or any other parties that I am prohibited from using or disclosing. I further acknowledge and agree that I will not use or disclose to anyone else any trade secret or other confidential information which Company may disclose to me during this application process. I also acknowledge that I have no restrictions on my ability to work for Company and/or would not be violating any restrictions, including but not limited to any covenants not to compete.

**** For Minnesota applicants only:** In compliance with the Minnesota Human Rights Act (“MHRA”), Minnesota applicants have 15 days from the date they sign this job application to rescind the releases and waivers referenced in paragraphs 2 and 3 above as they pertain to claims arising under the MHRA. To be effective, the rescission must be in writing and delivered to Company either by hand or mail within the 15-day period. If mailed, it must be postmarked within the 15-day period addressed to Turner Techtronics, Inc., 7675 North San Fernando Road, Burbank, CA 91505, Attn: HR director, and sent by certified mail, return receipt requested.

Date: _____ Signature: _____

Interviewed by: _____ Date: _____

Updated June 2017.

ATTACHMENT 1 – DRUG TESTING CONSENT FORM

(Minnesota applicants, please complete Attachment 1.A only)

I understand that my offer of employment/engagement with Turner Techtronics, Inc., is conditioned upon my successful completion of a post-offer drug/alcohol test as permitted by applicable law. Unless otherwise prohibited by applicable law, the test results must show an absence of detectable amounts of alcohol, marijuana, illegal drugs, or illegally used prescription drugs. I understand that while I have the right to refuse a drug/alcohol test, I will not be considered for hire if I do so.

The results of the testing will be released to a designated Company representative and will remain confidential to the extent required by applicable law.

Although Company uses testing facilities that perform rigorous testing to rule out any false positives, Company is willing to make additional testing available to me to confirm the positive results. Usually, this requires promptly providing a new specimen to the testing lab. Applicants, consultants, and employees will be provided an opportunity to explain a positive test result on a confirmatory test.

I hereby authorize any physician, laboratory, hospital or medical professional retained by Turner Techtronics, Inc. for screening purposes to conduct such screening and to provide the results to Turner Techtronics, Inc., and I release Turner Techtronics, Inc. and any person affiliated with Turner Techtronics, Inc. and any such institution or person conducting the screening, from any and all liability.

I acknowledge and agree to each of the above terms.

Date: _____

Applicant's printed name: _____

Applicant's signature: _____

ATTACHMENT 1.A

[FOR MINNESOTA APPLICANTS ONLY] TURNER TECHTRONICS' APPLICANT DRUG AND ALCOHOL TESTING POLICY

It is the policy of the Company to require all Minnesota job applicants who receive an offer of employment to complete a drug and alcohol test. The job offer is conditional upon passing this test. Applicants may refuse to undergo the required drug and alcohol test. However, applicants who refuse to undergo this test will not be hired.

The Company uses a laboratory for the purpose of administering applicant drug tests in accordance with Minnesota law. All test samples will be subject to an initial screening test. Samples which test positive on the initial screening test will be tested again. For an applicant who has a confirmed positive test result, the Company may withdraw the conditional job offer and the applicant may not be hired.

Applicants who test positive may:

1. Submit in writing additional information that would explain the positive test result. The additional information must be provided to the Company within three (3) working days of the applicant's receipt of the notice of the positive test result; or
2. Request in writing a confirmatory retest of the original sample, which may be at the applicant's own expense, provided that the request is received in writing by the Company within five (5) working days of the applicant's receipt of notice of the positive test result. If the confirmatory retest does not confirm the original positive test result, the job offer will be made again.

The drug tests will remain confidential to the extent required by applicable law. Applicants may request a copy of their test result reports.

ACKNOWLEDGMENT

I understand the Company's Applicant Drug and Alcohol Testing Policy, and I agree to complete a drug and alcohol test as part of the employment application process in the event I receive a conditional offer of employment.

I release Turner Techtronics, Inc. and any person affiliated with Turner Techtronics, Inc. and any such institution or person conducting the drug screening, from any and all liability to the full extent permitted by applicable law. In compliance with the Minnesota Human Rights Act ("MHRA"), I understand Minnesota applicants have 15 days from the date they sign this acknowledgment to rescind the above release and waiver as it pertains to claims arising under the MHRA. To be effective, the rescission must be in writing and delivered to Company either by hand or mail within the 15-day period. If mailed, it must be postmarked within the 15-day period addressed to Turner Techtronics, Inc., 7675 N. San Fernando Road., Burbank, CA 91505, Attn: HR director, and sent by certified mail, return receipt requested.

Dated: _____

Applicant's Name (Please Print)

Applicant's Signature

ATTACHMENT 2 –REFERENCE CHECK AUTHORIZATION

With your written permission, we may choose to ask your previous and/or current employers (Employer References) for work-related information about you, including:

- (a) The length of time you worked for that employer and reasons for any promotion/demotion;
- (b) Your job title and job description;
- (c) Why you left/are leaving that employer;
- (d) Quality of your work, your strengths and weaknesses, and how well you interacted with others;
- (e) Whether that employer would recommend you for the job you're applying for with us; and
- (f) Any other relevant business-based information about your work performance.

AUTHORIZATION

I authorize Company to forward this signed consent form to those Employer References I provided in my employment application. I further authorize those Employer References to disclose to Company and, unless otherwise required by law, without any notice to me of such disclosure, the above-requested information and any other matter related to my employment qualifications. I hereby release and discharge my Employer References, Company, and any and all Company employees and representatives, from any and all actions, suits, claims, demands, liabilities, damages, costs, and expenses, including reasonable attorney fees, arising from or in any way related to such disclosure. I understand Company will evaluate qualified applicants with criminal histories in accordance with all applicable "Fair Chance" Ordinances.**

Dated: _____

Applicant's printed name: _____

Applicant's signature: _____

****For Minnesota applicants only:** In compliance with the Minnesota Human Rights Act ("MHRA"), Minnesota applicants have 15 days from the date they sign this reference check authorization to rescind the above release and waiver as it pertains to claims arising under the MHRA. To be effective, the rescission must be in writing and delivered to Company either by hand or mail within the 15-day period. If mailed, it must be postmarked within the 15-day period addressed to Turner Techtronics, Inc., 7675 N. San Fernando Rd., Burbank, CA 91505, Attn: HR director, and sent by certified mail, return receipt requested.