



New Hire

WELCOME ABOARD!

Thank you for choosing us for your employment needs.
We are happy to welcome you as a part of our team.

Timecards/Paychecks

Our pay period runs from Sunday to Saturday and payday is the following Friday. For the convenience of employees who elect to have their checks mailed, we mail out checks on Thursday.

Direct Deposit

After we receive your direct deposit information, it will be approximately three weeks before money is deposited into your account electronically. (This is for your protection as well as our own.) You will continue to receive a live check until the direct deposit is activated.

When signing up for direct deposit, you may also elect to receive your pay advice online.

I choose to have my paycheck:

- ☐ **Direct Deposited**
- ☐ **By CashPay** *certain fees apply, see authorization form and Bank of America brochure for details

My correct mailing address is: (please print)

I can be reached by Phone at:

Email:

Aerotek's policy is to wait 10 mail days from the original date of the check before issuing a replacement check. The replacement check will be processed on the 11th day.

Signature:

Date:



Direct Deposit Authorization

Please print all information:

(A voided check must be attached for each account and each account must be listed separately)

Date:

I would like to receive my pay advice online.		☒ Online Pay Advice	
Name:		SSN:	
Account #1	Add ☐	Change ☐	Cancel ☐
Bank Name:	Checking ☐	Savings ☐	\$ Amount: ☐
Address:			
Contact:		Phone Number:	
Routing/Transit Number (obtained from bank):			
Account Number:			
Account #2	Add ☐	Change ☐	Cancel ☐
Bank Name:	Checking ☐	Savings ☐	\$ Amount: ☐
Address:			
Contact:		Phone Number:	
Routing/Transit Number (obtained from bank):			
Account Number:			
Account #3	Add ☐	Change ☐	Cancel ☐
Bank Name:	Checking ☐	Savings ☐	\$ Amount: ☐
Address:			
Contact:		Phone Number:	
Routing/Transit Number (obtained from bank):			
Account Number:			

Please note: It is very important that you accurately complete this form in order to facilitate the successful transfer of funds to the chosen accounts*. You must include the phone number of your bank's branch office to allow us to communicate with that office and resolve issues or concerns. By signing this form you agree to have any amounts owed to you credited directly to the accounts you have listed above. In the event the company deposits funds erroneously into your account, you authorize the company to debit your account for an amount not to exceed the original amount of the erroneous credit.

Please allow three (3) weeks to activate all new direct deposits and changes. It is your responsibility to verify the weekly receipt of your funds directly with your financial institution prior to drawing on those funds. If there has been a period of time after termination and re-hiring, your direct deposit will automatically revert to the pre-note stage, therefore it will also take approximately three (3) weeks to activate.

*Allegis Group, Inc. and its subsidiaries are not responsible for delays or unsuccessful transfers resulting from incomplete or incorrect information; therefore, please confirm the information above with your banking institution prior to submitting this authorization.

Employee Signature

Date



POLICIES AND PROCEDURES STATEMENT

Welcome to Aerotek! As an Aerotek qualified applicant, you are considered a valuable part of our team. Our desire to provide superior service to our employees and customers is second to none. You will find our level of commitment to **QUALITY AND EMPLOYEE AND CUSTOMER SATISFACTION** to be unparalleled. Aerotek will make every effort to match you with an appropriate assignment. However, occasionally we cannot find positions for some of our applicants.

We ask you to read and sign the following Policies and Procedures Statement. It is important that you understand that these Policies and Procedures apply to you as a qualified applicant of Aerotek, and when you are employed by Aerotek. These Policies and Procedures, however, do not constitute an employment contract and do not bestow any rights to employment for any set period of time, or employment benefits upon you or any other person.

1. I am telephone accessible and I have reliable transportation.
2. I understand that any assignment that I accept can be terminated by me or Aerotek at any time, with or without cause. I understand that the wages, which I will receive, will be determined based upon the particular assignment and will be communicated to me by an Aerotek representative prior to each assignment. I understand that I will only be entitled to wages if actually hired by Aerotek for a particular assignment and for the period of time I actually work on such assignment.
3. Upon becoming an Aerotek employee, all mandatory benefits such as Workers' Compensation insurance and matching FICA taxes will be paid by Aerotek.
4. If I accept an assignment, I agree to attend work regularly and arrive on time. If there is ever an emergency or I will be later than five (5) minutes arriving at my assignment, I will notify my recruiter at Aerotek as soon as possible so that the client may be notified. I understand that for my convenience, an answering service will take Aerotek's calls before and after office hours and on weekends, and I should call and leave a message as soon as I become aware of any circumstances that will cause me to be late for or absent from my assignment.
5. Aerotek employees are encouraged to provide medical documentation when they are absent due to illness. Aerotek reserves the right to request medical documentation as part of excusing an absence. Failure to provide proof of medical or personal emergency, when requested to do so by Aerotek, may be grounds for discharge.
6. I understand that if I should have any unexcused incidents of tardiness or absence, Aerotek may elect to terminate my employment.
7. I understand that except in cases of medical emergencies or other extraordinary circumstances, and in accordance with applicable law, if I am absent from work for 24 consecutive hours without notifying the company, I will be removed from the assignment as having voluntarily resigned without notice.
8. After completing an assignment with a customer, I will contact Aerotek to determine whether another assignment is available. I must inform Aerotek of my availability for other assignments within one business day after completion of an assignment. I will speak directly with an Aerotek representative between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday. I understand that if I do not contact Aerotek, Aerotek can assume that I am unavailable for work. I understand that my failure to contact Aerotek may adversely affect my ability to collect unemployment. I further understand that if I do not contact Aerotek, Aerotek may not be aware of my end of assignment which may affect the timely receipt of my final paycheck.
9. I understand that I must notify Aerotek immediately of address or telephone change in order to maintain proper communication.
10. I understand that the accurate and complete preparation of my timecard is part of my employment and responsibility. I further understand that careless or improper preparation of my timecard may lead to disciplinary actions under AEROTEK policy as well as applicable Federal statutes. I agree to submit completed time records to the AEROTEK office immediately following completion of your work week, but in no event later than 10:00 a.m. on Monday of each week, written in ink and approved and verified by a Client supervisor, indicating the number of hours worked. I understand my supervisor is prohibited from completing my timecard unless extenuating circumstances exist, such as authorized travel or no access to the internet. If this box is checked ☐ I agree to submit my hours worked electronically and provide a printed approval from the client's electronic time collection system. Failure to submit completed time records before 10:00 a.m. on Monday may, subject to applicable law, result in a delay of payment of wages. I acknowledge AEROTEK's policy and practice of mandating daily recordation of all hours worked. AEROTEK does not permit "off the clock" work or any similar practice of not recording hours worked. Any requests by the Client or other third party not to record all hours worked or to record hours to an incorrect funding source, must be reported in writing by me to AEROTEK.

Any business related expenses for which you request reimbursement under Aerotek's accountable plan must be approved in writing by Client and must be substantiated with legible, itemized receipts. Original receipts must be physically turned in to the AEROTEK office or scanned and submitted electronically to your local AEROTEK representative. Any receipts turned in after 90 days of transaction will be deemed untimely

and not paid. Any expenses submitted to Aerotek without itemized receipts will not be reimbursed by Aerotek. If you would like a copy of the Aerotek Contract Employee expense reimbursement policy, please contact your AEROTEK representative.

11. I will contact Aerotek immediately if a client or another temporary agency approaches me to accept a temporary or permanent position with such client or other temporary agency. I will not solicit clients for permanent positions. Also, I will not solicit or accept employment with another temporary agency at the client site. I will not accept an offer of employment with a client company within six (6) months of assignment completion without prior written approval of Aerotek. This prohibition applies to positions offered at facilities owned or controlled by a client company that are within a fifty-mile geographical area in which Aerotek provides staffing services to the client company.

12. I will notify my client supervisor within one hour if any equipment or machine malfunctions. I will call my recruiter within one hour if my duties on the assignment change or if there is an unusual event.

13. I will adhere to all safety rules and regulations and hazardous communications programs for each client company where I am assigned while I am working there. I understand that I have the right to know of any hazardous chemicals and view my Material Safety Data Sheets. I will obtain proper instructions, including safety requirements and on/off switch location, on all machines and equipment that I am asked to operate. I will wear any and all safety clothing required on each assignment and understand that I will be informed of any safety gear, such as steel-toed boots, that I will be required to have with me.

14. I will contact Aerotek as soon as possible if I am injured on an assignment so that the proper Workers' Compensation forms can be completed. I understand that these forms must be completed promptly to insure my claim. I agree that if I sustain a work-related injury at any time while employed by Aerotek, I will submit to an examination by a physician or physicians of Aerotek's selection (at Aerotek's expense) as often as may be reasonably requested, and as a result of certain events (for example, work-related accidents, unusual behavior, etc.) I may be required to submit to a drug and alcohol screening test. I further understand and agree that, for Workers' Compensation purposes only, I will be considered an employee of Aerotek's client, and that workers' compensation benefits are my exclusive remedy with respect to any injury I incur while on assignment. In furtherance of the foregoing and in recognition that any work related injuries which might be sustained by you are covered by state Workers' Compensation statutes, and to avoid the circumvention of such state statutes which may result from suits against the Clients of Aerotek based on the same injury or injuries, and to the extent permitted by law, YOU HEREBY WAIVE AND FOREVER RELEASE ANY RIGHTS YOU MIGHT HAVE to make claims or bring suit against the Client of Aerotek for damages based upon injuries which are covered under such Workers' Compensation statutes.

15. I understand that if I fail to complete an assignment without good cause, or fail to report to an assignment, Aerotek can assume that I have voluntarily quit and that I may be ineligible for future placement by Aerotek.

16. I understand that after I have completed 1500 regular hours (the term "regular hours" does not include any overtime hours) of compensated service with Aerotek during a consecutive twelve (12) month period, I will be eligible to receive paid holidays (New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving and Christmas); provided, I understand that I must work the day before and the day after each holiday in order to receive holiday pay.

17. I understand that I will be eligible for five (5) days of paid vacation only after I have completed 2000 regular hours (the term "regular hours" does not include any overtime hours) of compensated service with Aerotek during a consecutive eighteen (18) month period. I also understand that after completing the 2000 regular hours of service, I shall begin to accrue one day (eight hours) of paid vacation after every 400 regular hours of compensated service in a continuous six (6) month period. Vacation will only be paid in eight hour increments once a full eight hours has accrued.

18. I understand that I have applied for temporary or permanent work, or both, through Aerotek. I understand that there is NEVER a fee to me for job placement through Aerotek.

19. I understand that I may be required to take a pre-employment drug test. I understand when on assignment I may be subject to random drug tests or drug testing after an accident or injury.

20. I acknowledge that during my orientation with Aerotek I received a copy of the Aerotek Contract Employee Handbook and Contract Employee Safety Handbook.

21. I agree to give a minimum of five (5) days notice should I decide to terminate my position with Aerotek. I understand that the length of assignment is subject to the discretion and needs of the Client and, therefore, a five day notice from Aerotek may not be possible and Aerotek is not required to provide such notice. Upon termination, and to the extent permitted by applicable law, I acknowledge and agree that any amounts owed by me to Aerotek will be deducted from any remaining wages owed to me and refunded to Aerotek.

22. **Termination** – I acknowledge that if terminated from an assignment, I will contact Aerotek immediately to make arrangements to receive my paycheck as required by applicable law.

Name: _____

Date: _____

Form W-4 (2013)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	H _____

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2013
► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____		
Home address (number and street or rural route) _____		3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► ☐		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____		
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____		
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►		7 _____		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ► _____		Date ► _____		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) Aerotech 7301 Parkway Drive, Hanover, MD 21076		9 Office code (optional)	10 Employer identification number (EIN) 52 1822806	

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2013 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions **1** \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,200 \text{ if married filing jointly or surviving spouse} \\ \$8,950 \text{ if head of household} \\ \$6,100 \text{ if single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" **3** \$ _____
- 4 Enter an estimate of your 2013 adjustments to income and any additional standard deduction (see Pub. 505) **4** \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2013 Form W-4* worksheet in Pub. 505.) **5** \$ _____
- 6 Enter an estimate of your 2013 nonwage income (such as dividends or interest) **6** \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" **7** \$ _____
- 8 **Divide** the amount on line 7 by \$3,900 and enter the result here. Drop any fraction **8** _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" **2** _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet **4** _____
 - 5 Enter the number from line 1 of this worksheet **5** _____
 - 6 **Subtract** line 5 from line 4 **6** _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9 Divide line 8 by the number of pay periods remaining in 2013. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2013. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$5,000	0	\$0 - \$8,000	0
5,001 - 13,000	1	8,001 - 16,000	1
13,001 - 24,000	2	16,001 - 25,000	2
24,001 - 26,000	3	25,001 - 30,000	3
26,001 - 30,000	4	30,001 - 40,000	4
30,001 - 42,000	5	40,001 - 50,000	5
42,001 - 48,000	6	50,001 - 70,000	6
48,001 - 55,000	7	70,001 - 80,000	7
55,001 - 65,000	8	80,001 - 95,000	8
65,001 - 75,000	9	95,001 - 120,000	9
75,001 - 85,000	10	120,001 and over	10
85,001 - 97,000	11		
97,001 - 110,000	12		
110,001 - 120,000	13		
120,001 - 135,000	14		
135,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$72,000	\$590	\$0 - \$37,000	\$590
72,001 - 130,000	980	37,001 - 80,000	980
130,001 - 200,000	1,090	80,001 - 175,000	1,090
200,001 - 345,000	1,290	175,001 - 385,000	1,290
345,001 - 385,000	1,370	385,001 and over	1,540
385,001 and over	1,540		

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



All Employees (Check One)
☐ ADD ☐ CHANGE ☐ DELETE

Company: _____
Office ID: _____

Personal Information

Name:			
Last	First	Full Middle Name	(Nickname)
Permanent Address:			
Number and Street			Apartment Number
City	State	Zip Code	County (Required)
Temporary Address:			
Number and Street			Apartment Number
City	State	Zip Code	County (Required)
Home Phone:		Cell Phone:	E-Mail Address:
*Date of Birth: (MM/DD/YYYY)		*Marital Status (check one): ☐ Single ☐ Married	

*Race (check all that apply):

- ☐ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa
- ☐ **Black-African American** – A person having origins in any of the black racial groups of Africa
- ☐ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race
- ☐ **Native Hawaiian-Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- ☐ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam
- ☐ **American Indian-Alaskan Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community achievement

***Sex (check one):** ☐ Male ☐ Female

***Disability (check one):** ☐ Yes ☐ No

****Country of Citizenship:**

***Veteran Status:

- | | |
|---|---|
| ☐ Not a Veteran | ☐ Veteran of the Vietnam-Era |
| ☐ Special Disabled Veteran | ☐ Other Protected Veteran |
| ☐ Recently Separated Veteran | ☐ Not indicated |

Emergency Information

Name:	Relationship:
Work Phone:	Home Phone:

*This information is used only for required Equal Employment Opportunity reports and for no other purpose. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Information submitted will be kept confidential. Exception: Government officials engaged in enforcing laws administered by the OFCCP may be informed.

**As a part of our participation in the National Industrial Program (NISP), Allegis Group must obtain this information, which will only be used for Defense Security Service (DSS) reporting.

***This item is voluntary, and is used to qualify an individual under the Rehabilitation Act of 1973 or the Vietnam Era Readjustment Act of 1974.

How did you hear about Aerotek? (check one)

☐ Acquisitions (1006) ☐ College Recruiting (9) ☐ E-mail from Aerotek (1) ☐ Employee (11) ☐ Employment Security Bureau (12) ☐ Job Diva (1024)	☐ Advertisement (6) ☐ Magazine Ad ☐ Newspaper Help-Wanted Ad ☐ Sign ☐ TV Ad ☐ Yellow Pages	☐ Other Source (17) ☐ Conference Meeting ☐ Military Base ☐ Walk-In ☐ Unemployment Office ☐ Other:	☐ Job Fair/Trade Show(14) ☐ Open House ☐ Job Fair ☐ Trade Show
☐ Internet (1023) ☐ Aerotek Website ☐ America's Job Bank ☐ Association – Industry Website ☐ America's Job Bank ☐ Bestjobs USA ☐ Career Builder		☐ Referral (1037) ☐ By Potential Contractor ☐ By outplacement agent ☐ Referred by former employee ☐ Referred by existing contractor ☐ Referred by Client	☐ Aerotek R3 Program (1059) ☐ TV Ad ☐ Internet Job Posting ☐ Sources (1060) ☐ Career Fair ☐ Direct Mail

Signature:

Date:



Employee Acknowledgement Form

The employee handbook describes information about Aerotek, and I understand that I should consult my supervisor or the Human Resources Department regarding any questions not answered in the handbook. I have entered into my employment relationship with Aerotek voluntarily and acknowledge that there is no specified length of employment. **ACCORDINGLY, EITHER AEROTEK OR I CAN TERMINATE THE RELATIONSHIP AT WILL, WITH OR WITHOUT CAUSE, AT ANY TIME, SO LONG AS THERE IS NO VIOLATION OF APPLICABLE FEDERAL OR STATE LAW.**

Since the information, policies, and benefits described in the handbook are necessarily subject to change, I acknowledge that revision to the handbook may occur. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the President, Chief Financial Officer or Vice President Human Resources of Aerotek has the ability to adopt any revision to the policies in this handbook on behalf of the company.

FURTHERMORE, I ACKNOWLEDGE THAT THIS HANDBOOK IS NEITHER A CONTRACT OF EMPLOYMENT NOR A LEGAL DOCUMENT. I understand that these policies are a guide and that no handbook can anticipate every circumstance or question about policy. I have received the handbook electronically or in hard copy and I understand that it is my responsibility to read and comply with the policies contained in the handbook and any revisions made to it.

Employee's Signature

Employee's Name

Date



Acknowledgement Form

Please indicate that you have received, read and will abide by this Code of Conduct and Ethics and this Government Procurement Code by signing your name and dating this acknowledgment and returning it promptly to your supervisor.

I certify that I have received and read and that I will abide by the Allegis Group Code of Conduct and Ethics as well as the Allegis Group Code of Conduct and Ethics Applicable to Federal Government Procurement Activities distributed to me on _____, 20__.

(signature)

(print your name)

Date: _____



Information Security Program Policies Acknowledgement Form

The Company is committed to ensuring safety, security and privacy of personal and Company data in adherence with applicable data protection and data privacy laws. Accordingly, the Company has established the Information Security Program (the "Program"), which encompasses several related Program policies.

I understand that revisions to the Program policies may occur and that all such revisions or changes will be communicated through Company corporate notices to all employees. I further understand that revised Program policies will supersede, modify, or eliminate existing Program policies. Only the Allegis Information Security Council has the authority to adopt any revisions to the Program policies.

By signing below, I understand that I am acknowledging that I have received the Program policies and that I understand that it is my responsibility to read and comply with the Program policies and any subsequent revisions made to the Program policies.

Employee's Signature

Employee's Name

Date

Verification of Instruction

I, _____ have read the
Aerotek Contract Employee Safety Handbook and understand that:

1. I am to receive site specific safety training from Aerotek's Client before beginning my assignment.
2. I am to wear all appropriate personal protective equipment required by my assignment.
3. I am to report any injury or illness **IMMEDIATELY** to the Client supervisor and my Aerotek representative.
4. I am to report any unsafe condition or situation that I am untrained to handle to my Client supervisor, Aerotek representative, or to the Aerotek Safety Hotline.

(Contract Employee)

(Date)

Client Site Specific Training:

I have received the following site specific training from Aerotek Client:

(Contract Employee)

(Date)

(Client Representative)

(Date)



DRUG AND ALCOHOL POLICY

Policy Statement:

It is Aerotek's policy to provide a drug and alcohol-free workplace.

Policy:

While on Aerotek, client, or customer premises and while conducting business-related activities off Aerotek, client or customer premises, no contract employee or consultant may use, possess, distribute, sell or have a system presence of illegal drugs. The legal use of prescribed drugs is permitted on the job only if it does not impair a contract employee's or consultant's ability to perform the essential functions of the job effectively and in a safe manner. Alcohol may not be consumed in an Aerotek office or at a client or customer facility. Contract employees and consultants may not report to work, or return from lunch or other break period, under the influence of alcohol.

Stipulations:

Violations of this policy will lead to disciplinary action, up to and including immediate termination of employment. Such violations may also have other legal consequences.

Drug Testing:

Aerotek reserves the right to require drug and alcohol tests in the following situations:

- Post-offer, pre-employment
- Reasonable cause or suspicion
- Following an on the job incident which results in personal injury or property damage
- Due to the safety or health risk or sensitive security duties of a specific job, as determined by
- Aerotek or its client; or
- Pursuant to the legal policies of the client or customer

A contract employee's or consultant's failure to immediately comply with a request to submit to a controlled substance test will result in immediate termination.

All drug and alcohol tests will be performed by a certified laboratory. All positive results will be verified with a second clinical test on the same sample.



CONTROLLED SUBSTANCE TEST RELEASE AND AUTHORIZATION

Aerotek (The "Company") maintains a drug-free work environment and may require you to submit to and pass a controlled substance test as a condition of employment and as a condition of continued employment potentially for this assignment with Aerotek, Inc. Are you willing to submit to a controlled substance test under these guidelines?

☒ Yes

☐ No

Contract Employee Initials: _____

I, _____, have received and read a copy of The Company's Drug and Alcohol Policy. I have read this policy and have had the opportunity to ask questions. I agree to follow the policy and to accept the penalties, including among others, the penalty of immediate discharge for violating the policy. I understand that my compliance with this policy is a condition of my employment and continued employment. I hereby certify that I am not a current user of illegal drugs.

I hereby give my consent to and authorize The Company, and the testing laboratory designated by The Company, to perform the appropriate tests and procedures to identify the presence of controlled substances. I also give my permission for the results of the controlled substance test to be released to The Company and to The Company's clients requesting my services.

I understand that refusal to take a controlled substance test, provide a sufficient amount of specimen, attempts to adulterate the sample, or a positive test result for controlled substances will result in The Company denying my application for employment or immediately terminating my employment.

I hereby release and hold harmless The Company, its employees, agents, contractors, clients and any persons or other parties disclosing information from any and all liability whatsoever arising from this request for a controlled substance test, from the testing of the sample, and from decisions made concerning my application for or continuation of employment based upon the results of the controlled substance test. I hereby authorize that a photocopy of this authorization may be construed as an original. I also give my permission to The Company to release the results of the controlled substance test, in defense of any claim(s) brought forth in connection with the denial of my application for employment or the termination of my employment.

I acknowledge that The Company's Drug and Alcohol Policy is subject to change at any time without notice, and nothing contained herein shall alter or limit The Company's right to terminate my employment at any time, for any reason, without prior notice.

Printed Name (First, Middle, Last)

Signature

Date

Policy Statement

Aerotek is committed to providing a safe work environment and to promoting and protecting the health, safety and well being of its employees, contractors, customers and clients. This commitment is jeopardized when an employee or contractor engages in the use, possession, sale, conveyance, distribution, or manufacture of illegal drugs, intoxicants, or controlled substances or abuses prescription drugs or alcohol. Substance abuse is a serious health problem and has a detrimental effect on Aerotek, its customers and clients in terms of productivity, absenteeism, accidents, medical costs, theft and worker's compensation costs. In addition, Aerotek will vigorously comply with all applicable laws, including the Drug Free Workplace Act of 1988 and applicable State laws. This policy covers all contract employees (full-time, part-time and temporary employees). Therefore, Aerotek has established the following policy:

Policy

While on Aerotek, client or customer premises and while conducting business-related activities of Aerotek, client or customer premises, no contract or internal employee may use, possess, distribute, sell, convey, manufacture, or have a system (blood, sweat, hair, urine or saliva) presence of any illegal drugs. The legal use of prescribed drugs is permitted on the job only if it does not impair an employee's ability to perform the essential functions of the job effectively and safely. Aerotek will follow the federal and applicable State guidelines in determining the definition of illegal drugs (including determinations regarding the use of medical marijuana).

Alcohol must not be consumed in a Aerotek office or at a client or customer facility. Employees may not report to work, or return from lunch or other break periods under the influence of alcohol (defined as when the result of drinking any amount of alcohol impairs mental or physical faculties in such a way as to reduce the ability to act with ordinary care). A person shall be determined to be under the influence if the blood alcohol level is .04% or higher.

Stipulations

Violations of this policy may lead to disciplinary action, up to and including immediate termination of employment. Such violations may also have other legal consequences.

Drug and Alcohol Testing

Where permitted by law, Aerotek reserves the right to require drug and alcohol tests of contract employees in the following situations:

- Post-offer; or
- Pre-employment; or
- Reasonable cause or suspicion; or
- Random; or
- Following an on the job accident which results in personal injury or property damage; or
- Pursuant to the policies of the client or customer.

A contract employee's failure to immediately comply with a request to submit to a reasonable cause or suspicion, post-accident or random substance test may result in immediate termination.

A contract employee's failure to comply within 48 hours with a request to submit to a post-offer, pre-employment substance test may result in the contract employee being temporarily ineligible for placement for 6 months.

All positive drug tests are confirmed in SAMHSA (Substance Abuse and Mental Health Service Administration) certified laboratories. All positive breath-alcohol tests are verified with a second confirmation test.

Any contract employee with a positive drug or alcohol test (regardless of reason for the test) is temporarily ineligible for placement for 6 months regardless of a client testing requirement. After 6 months, the contract employee must resubmit to another drug test before working for any Allegis Group company. The 6 month ineligibility period begins on the date the MRO (Medical Review Officer) validates the result, not the actual date the test was taken. There are no exceptions to this policy.

Medical Review Process

Upon receiving a presumptive positive result from the laboratory, the MRO will make three call attempts over a period of five days to the contract employee in an effort to determine if there is a valid medical explanation for the positive result. Should no contact be made with the contract employee within the five day timeframe, the result will be reported as positive. The contract employee has up to 60 days to provide an explanation and supporting information for the result. The MRO may change the result if appropriate following any discussion with the contract employee and review of supporting information.

Expiration of Drug Test

Drug tests are valid for 90 days or the life of the assignment, whichever is greater. Client requirement will supersede this when documented.

Reanalysis Requests

A contract employee has the right to request a specimen re-analysis in the event of a confirmed positive test result. Reanalysis requests for urine tests must be submitted within 72 hours of notification by the MRO to the contract employee of the positive result. Reanalysis requests for hair or oral fluid tests must be submitted within 24 hours of notification by the MRO to the contract employee of the positive result. The contract employee is responsible for the cost of the reanalysis. More information regarding this process can be found by contacting your Recruiter.

Cancelled Tests

In the event that a drug or alcohol test is canceled, the result is considered null, and is neither positive nor negative. A new specimen must be provided within 48 hours of notification to the contract employee of the retest. Certain reasons for cancellation will require that the retest be under direct observation by a same-sex collector. Instruction will be provided by the DER on how to proceed in the event of a cancelled test.

A specimen with a temperature of below 90 degrees or above 100 degrees is considered out of normal range and will be cancelled. The contract employee will be asked to remain at the clinic and provide a new sample under direct observation by a same-sex observer. Should the contract employee decline the second collection, this will be treated as a refusal.

Refusals to Test

Failure to appear for the test within the 48 hour timeframe, failure to remain at the testing site until the test process is complete, failure to provide the required specimen, failure to provide sufficient volume of specimen, failing to comply with re-testing following a cancelled test, or providing a specimen that has been adulterated will be treated as a refusal to test and the contract employee will be temporarily ineligible for 6 months.

The testing process starts once the contract employee has registered at the clinic. In the event that the contract employee is unable to provide a sufficient volume of specimen, shy bladder/lung procedures will be followed.

Negative Dilute/Negative Super Dilute/Positive Dilute Tests

Unless otherwise specified by a client requirement, a negative dilute result will be considered passing.

A negative super dilute result will require a retest within 48 hours of notification under direct observation by a same-sex observer.

A positive dilute result is considered a positive result and will make the contract employee temporarily ineligible for employment for 6 months.

Prescription Drug Use

Use of prescription medication must be as advised by a Physician. Prescription drugs will be confirmed with the pharmacy issuing them by the MRO.

Any confirmed positive test result due to use of an expired prescription drug not authorized by a Physician, or use of prescription medication prescribed to a spouse, child, parent or person other than contract employee will be treated as a positive test result making the contract employee temporarily ineligible for employment for 6 months.

Medical Marijuana

Due to state laws in Arizona, Rhode Island and Delaware, or any other States that pass similar laws, Aerotek cannot prohibit the hiring of employees (external) if the drug screen result is positive due to medical marijuana and the employee has a state issued medical marijuana card from one of these States. Specific requirements in accordance with the laws in those states must be met, and all internal or contract employees impacted will be vetted in accordance with those requirements by the MRO and DER.

In all other states, Aerotek abides by Federal law and applicable State laws.

Post-Accident Testing

A 5 panel instant drug test and breath-alcohol test are required anytime there is an on the job incident which results in personal injury or property damage. In the event that no medical treatment is sought, the testing requirement stands. There is no exception to this policy, regardless of how much time has passed since being notified of the incident or how minor the injury. The employee should not be suspended unless there is strong reason to believe that drugs and/or alcohol were factor in the accident. Employees are permitted to return to work pending results as long as a return to duty release has been obtained. Aerotek will comply with all applicable State laws in administering the 5 panel drug test after an accident.

Random Testing

Contract employees may be subject to random drug and/or alcohol testing pursuant to the policies of a client or customer. A contract employee failing to submit to the required drug and/or alcohol testing will be subject to termination.

Follow-Up Testing

Any follow-up testing requirement will be determined by the SAP (Substance Abuse Professional). There needs to be a minimum of at least one follow-up test with a negative test result prior to the employee returning to work.

For Cause-Reasonable Suspicion Testing

In the event of a for-cause/reasonable suspicion test, the contract employee will be sent for a 5 panel instant test, as well as a breath alcohol test. The contract employee's Supervisor should ensure that the contract employee arrives safely to the nearest clinic, and then subsequently home. The contract employee is to be suspended without pay pending result confirmation from the DER. Testing must occur within 8 hours from the point of the behavior or event triggering the test. Failure to comply with the testing request may result in immediate termination of the contract employee. Aerotek will comply with all applicable State laws when administering the 5 panel drug test and in conducting reasonable suspicion testing generally.

Self-Identified Substance Abuse

An employee choosing to disclose a substance abuse problem should contact their Employee Relations Manager or HR Representative for assistance.

NOTICE OF RIGHTS REGARDING YOUR PERSONNEL RECORD

This notice is provided pursuant to Minnesota Statutes Section 181.961:

Review of Personnel Records. You have the right to review the personnel record we maintain for you. During your employment, you may review this personnel record once every six months. After your separation, you may review the personnel record once a year for as long as we maintain the personnel record.

You should send a written request to Jennifer Benton to review the personnel record. Since your personnel record is located in Hanover, Maryland, we will comply with your request within 14 work days.

For current employees, the review will occur during normal hours, with our representative present, and at or near your regular work location. Upon your written request, we will provide you with a copy of the records. For former employees, we will provide you with a copy of the record.

Disputed Information. If you dispute any specific information contained in your personnel record, you may ask us to remove or revise the disputed information. If we do not remove or revise the disputed information, you may submit a written statement, not to exceed five pages, identifying the disputed information and explaining your position. We will retain your statement, along with the disputed information, and we will provide a copy of your statement to any person to whom we provide the personnel record.

Retaliation Prohibited. We will not take any adverse action against you for asserting your right to review and receive a copy of your personnel record.

Remedies for Violation. You have the right to bring a civil action to compel compliance with this notice and to seek damages.

I have read and understand this notice:

Dated _____

Employee's Signature _____

Firmwide:83088872.1 999999.1891



SUMMARY OF BENEFITS CONFIRMATION

I have reviewed the Summary of Benefits and have decided: (Please complete Box 1 or Box 2 and sign)

Box 1 – Potential Election/Request For Information

Before I can make a decision regarding the insurance coverage offered, I would like to receive additional information concerning the plans I have checked below. I understand that I will need to visit www.allegisbenefits.com for detailed information on the health benefits offered and that I can contact 1-800-377-9188 for more information on the 401(k) Retirement Saving Plan. I understand that enrollment will be required for each form of coverage I have selected and it will be my responsibility to complete the enrollment form before the end of my eligibility period. (See Eligibility Requirements.) I also understand that I will be required to make up all missed premiums due to AEROTEK should I elect coverage within the thirty day grace period after my eligibility date, since my effective date would be retroactive to the first day of the month which I became eligible. I understand that this is not my Enrollment and I must enroll for each coverage chosen for myself and my dependants by logging on to www.allegisbenefits.com.

Hire Date: ____/____/____ Eligibility Date: ____/____/____

- ☐ Medical /Dental/Vision/Life/Long Term Disability
- ☐ 401 (k) Retirement Saving Plan

Box 2 – Election To Waive Coverages

Medical

- ☐ I elect to waive Medical coverage. I understand that I will not be able to enroll until the next election period unless I experience a status change or experience an event that qualifies under Special Enrollment Rights (described elsewhere in this brochure)> In either case, I will have 30 days from the date of the change or the event to enroll in the plan.

Dental/Vision

- ☐ I elect to waive Dental/Vision coverage and understand that I will not be able to enroll until the next election period unless I experience a status change.

Long Term Disability/Life Insurance

- ☐ I elect to waive coverage and understand that future participation will be subject to medical underwriting.

By signing below I understand that I am either requesting additional information or waiving coverage. I further understand that this information is given only as a summary of the benefits offered, and in order to enroll, I must complete an Employee Enrollment Form for each coverage chosen for myself and my Dependents.

Employee Signature: _____

Print Name: _____

Social Security #: _____

Date: _____



APPLICANT BACKGROUND CHECKS AND EMPLOYEE INVESTIGATION POLICY and CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT NOTICE

Policy Statement

Aerotek, Inc. (hereinafter referred to as the "Company") recognizes the importance of maintaining a safe workplace with employees who are honest, trustworthy, qualified, reliable and nonviolent, and do not present a risk of serious harm to their co-employees or others. For purposes of furthering these concerns and interests, the Company may obtain, through its independent contractor, AMERICAN BACKGROUND INFORMATION SERVICES, INC. ("ABIS"), a consumer and/or investigative consumer report in connection with your employment application. The fact that the Company may obtain a consumer and/or investigative consumer report does not mean, and should not be construed to mean, that the Company has otherwise decided to offer you employment. At this time, no decision has been made regarding your employment application.

Checks & Investigations

A consumer and/or investigative consumer report may include, but is not limited to, employment and education verifications; the individual's personal credit history based on reports from any credit bureau; the individual's driving history, including any traffic citations; a social security number verification; present and former addresses; criminal conviction and civil history; criminal history, including open warrants and/or pending cases/arrests; any other public record; and, any other information bearing on the individual's credit standing, credit capacity, credit worthiness, character, general good reputation, personal characteristics, and/or trustworthiness. All job applicants offered positions with the Company and all applicants offered positions with customers who require applicant background checks will be asked to sign an Authorization and Release for the Procurement of a Consumer and/or Investigative Consumer Report ("Authorization and Release Form"). Consistent with legal requirements, the Company reserves the right to exclude any applicant from consideration for employment where the applicant refuses to sign an Authorization and Release Form as requested.

In addition, the Company may occasionally find it necessary to investigate current employees, where the employee is required to change assignments or duties, the client changes its requirements, or behavior or other relevant circumstances raise legitimate questions concerning work performance, reliability, honesty, trustworthiness, or potential threat to the safety of co-employees or others. Employee investigations may, where appropriate, include investigation of criminal records. Employees subject to such investigations are required to reasonably cooperate with the Company's lawful efforts to obtain relevant information. Employees who fail to cooperate will be disciplined, up to and including immediate discharge.

The Company strongly encourages all of its employees to immediately report to the Company any incidents of potentially threatening, harmful, or criminal behavior of co-employees, supervisors, customers, clients or visitors that may negatively affect the safety, security, productivity or financial interests of the Company's employees or the workplace of the Company or its customers.

AEROTEK

AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, _____, have received and read a copy of Aerotek, Inc.'s Notice to Applicants Regarding Background Checks and Employee Investigations. I have read the Notice and have had the opportunity to ask questions. I do hereby authorize Aerotek, Inc., by and through its independent contractor, AMERICAN BACKGROUND INFORMATION SERVICES, INC. ("ABIS"), to procure a consumer and/or investigative consumer report on me. I understand that my compliance with the Applicant Background Check is a condition of my employment and continued employment. I further understand that the fact that Aerotek, Inc. (hereinafter referred to as the "Company") may obtain a consumer and/or investigative consumer report on me does not mean, and should not be construed to mean, that the Company has otherwise decided to offer me employment.

The above-mentioned consumer and/or investigative consumer reports may include, but are not limited to, employment and education verifications; personal references; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal conviction and civil history; any other public record; and, any other information bearing on my credit standing, credit capacity, credit worthiness, character, general good reputation, personal characteristics, and/or trustworthiness.

The Company has advised me that its criminal background check will focus on convictions and that a criminal record will not necessarily disqualify me from employment. In addition, I acknowledge the search will also cover open warrants and/or pending cases/arrests. I further understand that a background check indicating felony convictions or other disqualifying conduct may result in the Company, subject to applicable laws, denying my application for employment or immediately terminating my employment, or suspending my application for employment or my employment. All applicants must fully and completely disclose all past criminal convictions and must sign a written consent to a criminal records check. The failure to disclose the complete criminal conviction history or to consent to the criminal records check will be grounds for the Company to refuse to hire an applicant.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to ABIS, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 12 U.S.C. § 1681 et. seq. and, where applicable, Cal. Civ. Code § 1786.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to the Company, by and through ABIS, and to the Company's clients requesting my services, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release the Company, its subsidiaries, parents, divisions, offices, employees, agents and clients or potential clients, ABIS, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized, and from decisions made concerning my application for or continuation of employment based upon the results of the background investigation. I hereby authorize that a photocopy of this authorization may be construed as an original. In order to assist the Company in obtaining documents and information to confirm my background, if necessary, I hereby consent to the release of information more specifically described below.

I understand that refusal to permit a background investigation or failure of the background check will result in the Company denying my application for employment or immediately terminating my employment.

If hired, this authorization form shall remain in effect and serve as continuing authorization for the Company, to obtain investigative consumer reports on me at any time during my employment with The Company. I hereby authorize the Company to disclose to its potential or actual clients a copy of my consumer report and/or investigative consumer report prepared by ABIS.

Additionally, I give the Company permission to investigate any incidents of workplace misconduct of which I have been accused for which I am alleged to have been involved in during my employment with the Company.

I acknowledge that the Company's Background Check and Employee Investigation Policy is subject to change at any time without notice, and nothing contained herein shall alter or limit the Company's right to terminate my employment at any time, for any or no reason, without prior notice.

Signature: _____

Date: _____

You must complete Section 1 and 2

Section 1 - Criminal Record History

☐	Applicant in all states EXCEPT California, Connecticut, Hawaii, Massachusetts, Washington	Note: This question does not apply to convictions that have been sealed, expunged, pardoned, or otherwise exonerated or eradicated. A conviction record will not necessarily be a bar to employment. Have you been convicted of a felony and/or misdemeanor in the past 7 years? ☐ YES ☐ NO *If "YES," please provide the (1) name of the offense(s) and (2) the date of conviction(s) and (3) the city and state in which you were convicted and (4) your full name at the time of conviction. Name of Offense(s): _____ City, State: _____ Date of conviction(s): _____ Name: _____
☐	California Applicants Only	When answering this question do not include: minor traffic violations; information regarding an arrest or detention that did not result in a conviction; information regarding referral to, and participation in, any pre-trial or post-trial diversion program; convictions for which the record has been judicially ordered, sealed or expunged; marijuana-related convictions described in California Labor Code 432.8 that are more than two years old from today's date; misdemeanor convictions for which probation has been successfully completed or discharged and that have been judicially dismissed pursuant to California Penal Code section 1203.4. Have you been convicted of a felony and/or misdemeanor in the past 7 years? ☐ YES ☐ NO *If "YES," please provide the (1) name of the offense(s) and (2) the date of conviction(s) and (3) the city and state in which you were convicted and (4) your full name at the time of conviction. Name of Offense(s): _____ City, State: _____ Date of conviction(s): _____ Name: _____
☐	Connecticut Applicants Only	You are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased pursuant to Connecticut General Statutes Sections 46b-146, 54-76a or 54-142a. Criminal records subject to erasure pursuant to Connecticut General Statutes Sections 46b-146, 54-76a or 54-142a are records related to (a) determinations of "delinquency" or that, as a child, you were a member of a family with service needs, (b) a ruling you are a "youthful offender", (c) a criminal charge that has been dismissed or nolleed; (d) a finding you were not guilty for a criminal charge, or (e) a conviction for which you have received an "absolute pardon". Any person whose criminal records have been erased pursuant to Connecticut General Statutes 46b-146, 54-76a or 54-142a shall be deemed to never have been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath. Have you been convicted of a felony and/or misdemeanor in the past 7 years? (A conviction will not necessarily be a bar to employment) ☐ YES ☐ NO *If "YES," please provide the (1) name of the offense(s) and (2) the date of conviction(s) and (3) the city and state in which you were convicted and (4) your full name at the time of conviction. Name of Offense(s): _____ City, State: _____ Date of conviction(s): _____ Name: _____
☐	Hawaii Applicants Only	I understand that inquiry into and consideration of conviction records for prospective employees may take place only after my receiving of a conditional offer of employment, which may be withdrawn if I have a conviction that bears a rational relationship to the duties and responsibilities of the position. Any conviction that is more than 10 years old (excluding periods of incarceration) will not be considered. I understand that I will be given the opportunity to show that any period of incarceration was shorter than shown on the record. Have you been convicted of a felony and/or misdemeanor in the past 7 years? ☐ YES ☐ NO *If "YES," please provide the (1) name of the offense(s) and (2) the date of conviction(s) and (3) the city and state in which you were convicted and (4) your full name at the time of conviction. Name of Offense(s): _____ City, State: _____ Date of conviction(s): _____ Name: _____

Section 2 - Profile Information

Type or Print Full Name (first, middle, last) _____

If you resided in Puerto Rico within the past 7 years, please print your mother's maiden name: _____

Other names used in the last 7 years (maiden name(s), legal name change, etc.): _____

End Date: _____

Other names used in the last 7 years (maiden name(s), legal name change, etc.): _____

End Date: _____

Social Security Number: _____

Drivers License # _____

State of Issuance: _____

Current Address _____ Street _____ City _____ State _____ Zip Code _____ Apt.# _____

Date of Birth*: _____

Gender*: _____

*This information is required to complete the background investigation process. It will only be used for purposes of conducting and completing the background investigation process and will not be utilized during any other part of the applicant process.

*California, Minnesota, and Oklahoma applicants only:

☐ I wish to receive a free copy of any Consumer Report and/or Investigative Report on me that is requested.

Previous addresses of residence for the past 7 years:

Address	Street	City	State	Zip Code	Apt.#	Dates yy-yy
Address	Street	City	State	Zip Code	Apt.#	Dates yy-yy
Address	Street	City	State	Zip Code	Apt.#	Dates yy-yy
Address	Street	City	State	Zip Code	Apt.#	Dates yy-yy
Address	Street	City	State	Zip Code	Apt.#	Dates yy-yy
Address	Street	City	State	Zip Code	Apt.#	Dates yy-yy

I certify the information contained on this Authorization/Release form is true and correct and that my application or employment will be terminated based on any false, omitted, or fraudulent information.

Signature: _____ Date: _____

American Background Information Services, Inc., 629 Cedar Creek Grade, Suite C, Winchester, VA 22601
www.americanbackground.com