

AEROTEK

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

Company: _____
 Office ID: _____

Personal Information

Name: <u>LARSON</u>	<u>RODNEY</u>	<u>LESTER</u>	<u>ROD</u>
Last	First	Full Middle Name	(Nickname)
Permanent Address: <u>P.O. BOX 44847</u>		Apartment Number	
<u>EDEN PRAIRIE</u>		<u>MN</u>	<u>55344</u>
City		State	Zip Code
		County (Required)	
Temporary Address:		Apartment Number	
Number and Street			
City		State	Zip Code
		County (Required)	
Home Phone: <u>(952) 960-1935</u>	Cell Phone:	E-Mail Address: <u>RODLARSON100@yahoo.com</u>	
*Date of Birth: (MM/DD/YYYY) <u>09/27/1944</u>	*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: USA

***Veteran Status:

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

Emergency Information

Name: <u>JOVELISA C LARSON</u>	Relationship: <u>SPOUSE</u>
Work Phone: <u>+63-906-277-4003</u>	Home Phone: <u>(952) 960-1935</u>

*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
☐ Aerotek Website ☐ America's Job Bank ☐ Association - Industry Website ☐ America's Job Bank ☐ BestJobs USA ☐ Career Builder	☐ Internet (1023) ☐ Dice.com ☐ Michigan Job Bank ☐ Monster-Resume ☐ Recruit USA ☐ Yahoo/Hot Jobs ☐ Other:	☐ 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: Rodney L. Larson

Date: May 10, 2013



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

Rodney L. Larson

Employee's Name

RODNEY L. LARSON

Date

May 10, 2013

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__.

Rodney L. Larson
(signature)

RODNEY L. LARSON
(print your name)

Date: May 10, 2013



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

Rodney L. Larson

Employee's Name

RODNEY L. LARSON

Date

May 10, 2013

Verification of Instruction

I, Rodney L. Larson 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.

Rodney L. Larson
(Contract Employee)

May 10, 2013
(Date)

Client Site Specific Training:

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

(Contract Employee)

(Date)

(Client Representative)

(Date)