



EMPLOYMENT AND CANDIDATE INFORMATION

APPLICANT INFORMATION

FIRST NAME MIDDLE NAME LAST NAME NICKNAME

STREET ADDRESS (NO POST OFFICE BOX) CITY STATE ZIP / POSTAL CODE

EMAIL ADDRESS PRIMARY PHONE ((###) ###-####)

AVAILABILITY

What's your current or most-recent salary / hourly pay rate?

What salary /hourly rate would you need to accept an offer of employment?

What notice do you need to give to begin a new position?

On what date would you be available to begin a new position?

How did you hear about ITAC? **If referred, by whom?**

EMPLOYMENT INFORMATION

Have you ever worked with ITAC? Yes, when? No

MOST RECENT EMPLOYER CITY YOUR JOB TITLE START DATE (MM/YY)

END DATE (MM/YY OR PRESENT) STARTING SALARY / HOURLY RATE ENDING SALARY / HOURLY RATE

WHO DID YOU REPORT TO? WHAT IS THEIR TITLE? WHAT'S THEIR PHONE NUMBER?

MAY WE CONTACT THAT PERSON? YES NO

HAVE YOU EVER BEEN DISMISSED FROM ANY JOB OR ASKED TO RESIGN? NO YES **IF YES, PLEASE EXPLAIN BELOW:**

May we contact your current employer? Yes No **May we contact your former employers?** Yes No

EDUCATION

HIGHEST DEGREE OBTAINED NAME OF SCHOOL MAJOR FIELD OF STUDY

DID YOU GRADUATE? YES NO

OTHER

Are you 18 years of age or older? Yes No

Have you ever been convicted of a crime or violation other than a minor traffic infraction? (A conviction record will not necessarily be a bar to employment)

No Yes **If yes, please explain**

Only individuals with a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide official documentation establishing both your identity and eligibility to be legally employed in the United States? Yes No

NOTIFICATION AND AGREEMENT – PLEASE READ CAREFULLY BEFORE SUBMITTING

I certify that all answers given by me are true, accurate, and complete. I understand that the falsification, misrepresentation, or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of ITAC Solutions to afford equal opportunity to all applicants and employees without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and any other characteristics protected by Federal, State, or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on ITAC Solutions. I understand this decision is to rest with ITAC Solutions.

If hired, I agree to abide by all company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me. I further understand that no representation, whether oral or written by any representative or agent of ITAC Solutions, at any time, can constitute a contract of employment. I understand that ITAC Solutions and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits, or other terms or conditions of employment. No representative or agent of ITAC Solutions has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit, or other term or condition of employment other than in a document signed by an officer of ITAC Solutions, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on the application by me.

APPLICANT SIGNATURE

DATE COMPLETED

EEOC APPLICANT SELF-IDENTIFICATION FORM

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to invite applicants to self-identify gender and race and complete an EEO-1 report annually. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment. This form will be used for reporting purposes only and will be kept separately and only accessed by the Human Resources Department.

YOUR NAME: _____

YOUR GENDER (Please check one): Female Male

RACE / ETHNICITY (Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

If you choose not to self-identify your race / ethnicity now, the federal government requires this employer to determine this information by visual survey and/or other available information.

Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American: a person having origins in any of the black racial groups of Africa.

Asian: 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.

Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaska Native: 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 attachment.

Two or More Races: a person who primarily identifies with two or more of the above race/ethnicity categories.

I choose not to self-identify now.

VETERAN STATUS (see definitions below)**

I am a protected veteran. I am not a protected veteran. I do not wish to self-identify now.

****PROTECTED VETERAN DEFINITION**

Protected veteran means a veteran who may be classified as an active duty wartime or campaign badge veteran, disabled veteran, Armed Forces service medal veteran or recently separated veteran.

Active duty wartime or campaign badge veteran means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Armed Forces service medal veteran means any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p. 159).

Disabled veteran means (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, *or* (2) a person who was discharged or released from active duty because of a service-connected disability.

Recently separated veteran means a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.