



# Application for Employment

<b>Position Applying for</b> <input type="checkbox"/> Part time <input type="checkbox"/> Full time	<b>Date</b>  
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<b>Name (Print)</b> Last	First	Middle
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<b>Present Address</b>	Street and Number	City	State	Zip Code
<b>Previous Address</b>	Street and Number	City	State	
<b>Telephone No.</b>			<b>Social Security No.</b>	

**Have you ever worked for this Company before?**  Yes  No  
 If yes, please give dates and position:

**Do you currently hold and active Security Clearance?**  Yes  No, If Yes, provide security clearance level and expiration date:  
 If yes, please give the date(s) and details:

## Record of Previous Employment

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name. [Add additional pages if necessary]

<b>Present or Last Employer</b> Address	<b>Employed</b> From (mo./yr.)	<b>Your Title or Position</b>	<b>Exact Reason for Leaving</b>
City, State, ZIP Code	To (mo./yr.)	<b>Name and Title of Last Supervisor</b>	
Telephone			
<b>Present or Last Employer</b> Address	<b>Employed</b> From (mo./yr.)	<b>Your Title or Position</b>	<b>Exact Reason for Leaving</b>
City, State, ZIP Code	To (mo./yr.)	<b>Name and Title of Last Supervisor</b>	
Telephone			
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City, State, ZIP Code	To (mo./yr.)	<b>Name and Title of Last Supervisor</b>	
Telephone			

<b>Present or Last Employer</b> Address	<b>Employed</b> From (mo./yr.)	<b>Your Title or Position</b>	<b>Exact Reason for Leaving</b>
City, State, ZIP Code		<b>Name and Title of Last Supervisor</b>	
Telephone	To (mo./yr.)		
<b>Present or Last Employer</b> Address	<b>Employed</b> From (mo./yr.)	<b>Your Title or Position</b>	
City, State, ZIP Code		<b>Name and Title of Last Supervisor</b>	
Telephone	To (mo./yr.)		

**Have you ever been terminated or asked to resign from any job?**  Yes  No If Yes, please explain circumstances:

**Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying.**

**Have you ever used another name?**  Yes  No Is any additional information relative to change of name, use of assumed name, or nickname necessary to enable a check on your work or educational record? If yes, please explain:

**Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying with or without accommodations?**  Yes  No

### Education

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade or Correspondence:				
Other				

CTI is an Equal Opportunity (EO) and Affirmative Action employer. It is the policy of CTI to provide equal opportunity to all qualified applicants without regard to race, color, religion, sex, sexual orientation, gender, identity, national origin, age, protected veteran or disabled status, or genetic information.

This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE

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Signature of Applicant

Date



## **Applicant's Statement & Agreement**

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that I may be required to take other tests such as personality tests, prior to and during my employment. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated.

I further understand that the Company may obtain Public Records about me as part of a background investigation and that I may waive my right to receive a copy of such Public Records by checking the box to the right [ ].

I further understand that the Company may contact my previous employers. I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I hereby state that all the information that I have provided on this application or any other documents completed in connection with my employment, and in any interview is true and accurate. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any information provided to the Company is found to be false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by either the Company (employer) or me at any time and for any reason whatsoever, with or without good cause.

This is the entire agreement between the Company and me regarding the length of my employment and the reasons for termination of employment, and this agreement supersedes any and all prior agreements regarding these issues. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by the President or Owner of the Company. No supervisor or representative of the Company, other than its President or Owner, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing. Oral representations made before or after you are hired do not alter this Agreement.

If any term or provision, or portion of this Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable.

IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE CONTACT HUMAN RESOURCES (HR) AT [HR@CTIRMS.COM](mailto:HR@CTIRMS.COM). IF YOU NEED ASSISTANCE WITH COMPLETING THIS APPLICATION, PLEASE CONTACT HR AT [HR@CTIRMS.COM](mailto:HR@CTIRMS.COM) BEFORE SIGNING. I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND THE SAME. DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 2 of 2

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

## EEO-1 Self-Identification Form

CTI is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, CTI invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

As employers/government contractors, CTI must also comply with government regulations including but not limited to affirmative action responsibilities as required under Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, section 4212 of the Vietnam Era Veterans Readjustment Act of 1974 and Veterans Employment Opportunities Act (VEOA) of 1998.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment.

### Personal Information

Name (Last, First, MI):		Date:
Address:		Phone:
Place of Birth (City, State, Country):	Date of Birth:	Citizenship:

### Position Information

Position(s) Applied for:				
Referral Sources:	Advertisement	Friend	Relative	Walk-in
	Employment Agency	Company web site	Other	

### EEO-1 Survey

I wish to be identified (please complete below survey)  I DO NOT wish to be identified.	Signature:
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### Survey

#### Gender:

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female

#### Ethnicity: Are you Hispanic or Latino?

<input type="checkbox"/>	No, I am <b>not Hispanic or Latino. (GO TO RACE BELOW)</b>
<input type="checkbox"/>	Yes, I am <b>Hispanic or Latino:</b> A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. <b>(STOP – YOU ARE DONE)</b>

#### Race – IMPORTANT - Only complete this section if you checked “No, I am not Hispanic or Latino” in the Ethnicity section above: What is your race? Select **ONE** of the following categorie(s):

<input type="checkbox"/>	<b>White</b> – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East
<input type="checkbox"/>	<b>Black or African American</b> – A person having origins in any of the Black racial groups of Africa.
<input type="checkbox"/>	<b>American Indian/Alaskan Native</b> A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
<input type="checkbox"/>	<b>Asian</b> – 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.
<input type="checkbox"/>	<b>Native Hawaiian or Other Pacific Islander</b> – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/>	<b>Two or More Races</b> – All persons who identify with more than one of the above five <i>rac</i> es.

## VETS-4212 DATA FORM

**Legal Basis:** Title 38, United States Code, Section 4212(d) mandates that Federal contractors and subcontractors subject to the statute's affirmative action provisions in 38 U.S.C. 4212(a) report, at least annually, the number of employees in their workforces by job category and hiring location, and the number of such employees, by job category and hiring location, who are qualified protected veterans. In addition, Federal contractors and subcontractors must report the total number of new hires during the period covered by the report and the number of such new hires who are qualified protected veterans. Further, Federal contractors and subcontractors must report on the maximum and minimum number of employees during the period covered by the report. The Department of Labor's Veterans' Employment and Training Service (VETS) has promulgated regulations found at 41 CFR Part 61-300 to implement the reporting requirements of 38 U.S.C. 4212(d). The regulations require contractors and subcontractors to file the VETS-4212 Report to comply with the requirements of 38 U.S.C. 4212(d). The regulations in 41 CFR part 61-300 can be found at [http://www.dol.gov/dol/cfr/Title\\_41/Chapter\\_61.htm](http://www.dol.gov/dol/cfr/Title_41/Chapter_61.htm).

### Section 1

Name (Last, First, MI):

Are you a Veteran?      YES      **Complete Section 2**

NO      **Stop, give form to CTI HR**

### Section 2

**Date of Discharge or Release from Active Duty:**

<b>Enter info for each Branch</b>	Branch of Service		Number of Years	
	Branch of Service		Number of Years	
	Branch of Service		Number of Years	
	Branch of Service		Number of Years	

Check the box(es) below to identify yourself in as many covered veterans categories as apply:

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Disabled Veteran                              | <input type="checkbox"/> 3. Armed Forces Service Medal Veteran |
| <input type="checkbox"/> 2. Active Duty Wartime or Campaign Badge Veteran | <input type="checkbox"/> 4. Recently Separated Veteran         |

**Note:** Check this box if you were Discharged or Released from Active Duty within past three (3) years

1. **'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.
2. **'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.
3. **'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).
4. **'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.

# CTIRMS SORM

## CTI Resource Management Services, Inc. SORM Disclaimer

**Responsible  
office**

Human Resources (HR)

CH-1

08 Feb 11

**Employee  
acknowledgement**

I acknowledge that the CTISORM is available on-line or available for review from the CTI HR Department. I agree to read it thoroughly.

I understand that the information in the CTISORM is intended to acquaint employees with general policies, procedures, principles and standards and does not represent a contractual commitment by CTI concerning terms of employment or other matters. CTI remains free to act according to the best business judgment of its management and to change, interpret, withdraw, or add to the policies, principles, standards, and procedures described in the CTISORM at any time without prior notice, consideration, or approval by an employee or employee group. I further understand that the CTISORM is not a guarantee of any specific policies, procedures, standards, rules, or length of employment. Specific details of the topics covered in the CTISORM can be clarified by my supervisor/manager and/or the Director of Human Resources. I further understand that I will be responsible for complying with future changes in such policies, procedures, principles and standards communicated to employees from time-to-time.

I understand that this CTISORM is not a contract of employment. I may voluntarily leave employment, and I may be terminated at any time and for any reason. Only the President and CEO of CTI may authorize any contract, promise or commitment contrary to the guidelines outlined in the CTISORM. Any such exception must be in writing signed by the President and CEO, Chris Imbach. I understand that all oral or written statements to the contrary are hereby expressly disavowed and not to be relied on. I understand and agree that, if hired, my employment is for no definite period and, regardless of the date of payment of my wages and salary, may be terminated at any time without prior notice.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
JAN 2007