



# Candidate Release Authorization

- I. In connection with my application for employment or continued employment at ADFITECH (the Company), I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with reasons for termination of past employment. I understand that to the extent permitted by applicable law and as directed by company policy and consistent with the job described, the Company may be requesting information from public and private sources about me, including but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers' compensation injuries, driving record, drug testing results. If company policy requires and to the extent permitted by law, I am willing to submit to alcohol and/or drug testing to detect the use of alcohol or drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the federal Americans with Disabilities Act (ADA) and/or any other applicable state or local laws and only after a conditional job offer is made.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies. In the event that an agency or record source requires an alternative release form or additional identifying characteristics in order to release the requested information, I agree to provide the additional information and sign any additional release authorizations, if so requested by the Company.
- IV. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information. Applicants in Massachusetts, Minnesota, Oklahoma, New York, Maine, Washington, New Jersey and California: if you want a free copy of the report(s) ordered, check this box.  The report(s) will be sent to you by the Consumer Reporting Agency listed here: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524. See attached Candidate Notice and Disclosure Form for other notices.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference, insurance company or other applicable record source contacted by ADFITECH (the Company) or its agent, to furnish the information described in Section I.
- VI. If applicable, I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to ADFITECH (the Company). This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. I understand that this information is confidential and will not be used for any other purposes. I hereby release the employer, its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively and all persons, agencies, and entities providing information or reports about me from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates arising out of the requests for or release of any of the above mentioned information or reports.

\_\_\_\_\_  
Please print your full name. Last First Middle

\_\_\_\_\_  
Please print other names you have used (maiden name, surname, alias name).

\_\_\_\_\_  
Current Address City State Zip Code

\_\_\_\_\_  
(FOR IDENTIFICATION PURPOSES ONLY) Social Security Number Date of Birth

A number of states, including but not limited to, AL, AR, FL, GA, IA, IL, IN, KS, MI, MN, MO, NE, NV, NH, PA, SC, TX, VA, WA, WV, and WI, require additional identifying characteristics in order to complete a criminal records search. For that purpose only, please provide the following:

Sex:  Male  Female Race:  Asian  Black or African American  White  Hispanic or Latino  Other

\_\_\_\_\_  
Driver's License Number State Issuing License Name as it appears on license.

I CERTIFY THAT THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT FALSE INFORMATION, MISREPRESENTATIONS AND OMISSIONS MAY DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR, IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE DISCIPLINED, UP TO AND INCLUDING TERMINATION.

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

# Fair Credit Reporting Act Candidate Notice and Disclosure

ADFITECH (the "Company") will order a consumer report and/or an investigative consumer report (background check report) on you in connection with your application for employment, or if already hired, or if you already work for the Company, we may order additional background check reports on you for employment purposes without obtaining additional consent, where permissible by law. The consumer reporting agency ("Consumer Reporting Agency") that will prepare and process the report(s) is:

ADP Screening and Selection Services  
301 Remington Street  
Fort Collins, Colorado 80524  
Telephone 800-367-5933

In the event that information from the report is utilized in part or in whole in making an adverse decision with regard to your potential employment or employment, before making the adverse action, we will provide you with a copy of the report and a description in writing of your rights under the law.

You have the right to request, in writing, within a reasonable time, that we disclose the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested, whichever is the later. To receive this information or to inspect any files concerning such a report or to determine if a report has been requested, you may contact the Company or the Consumer Reporting Agency.

The Fair Credit Reporting Act and certain state laws give you specific rights in dealing with consumer reporting agencies. You will find these rights in the attached documents.

Please be advised that we may also obtain an investigative consumer report (background check report) on you that may include information as to your character, general reputation, personal characteristics, and mode of living. By your signature below, you hereby authorize us to order consumer and/or investigative consumer reports including, but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers' compensation injuries, driving record, and drug testing results. The information may be obtained from private and public repositories of information, and can be disclosed to the processing agency (Consumer Reporting Agency) listed above and its agents.

I, \_\_\_\_\_, agree that a facsimile or photocopy of this form is valid just like the original form. I acknowledge receipt of this Disclosure and the attached Fair Credit Reporting Act Summary of Rights.

\_\_\_\_\_  
Please print your full name. Last First Middle

\_\_\_\_\_  
Current Address City State Zip Code

\_\_\_\_\_  
(FOR IDENTIFICATION PURPOSES ONLY) Social Security Number Date of Birth

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

**GIVE COPY WITH STATE LAW NOTICES, SUMMARY OF RIGHTS AND RELEASE AUTHORIZATION  
DOCUMENTS TO CANDIDATE. RETAIN A COPY FOR YOUR FILES.**

**For residents of, or for jobs located in, California, Maine, Massachusetts, Minnesota, New Jersey, New York, Oklahoma and Washington, you may request a free copy of any background check report by checking the box below.**

I request a free copy of the report.

### **STATE LAW NOTICES:**

If you live in, or are seeking work for the Company in California, Maine, Massachusetts, New York, or Washington State, note:

**CALIFORNIA:** You may view the file that the Consumer Reporting Agency has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by going to the Consumer Reporting Agency's offices, during normal business hours and on reasonable notice, or by mail. You may also ask for a file summary by telephone. The Consumer Reporting Agency can answer questions about information in your file, including any coded information. If you go in person, another person can come with you, so long as that person can show proper identification.

**MAINE:** If you ask us, you have the right to know whether the Company ordered a background check report on you. You may request the name, address, and telephone number of the nearest office for the Consumer Reporting agency. We will send this information to you within five business days of our receipt of your request. You have the right to ask the Consumer Reporting Agency for the report.

**MASSACHUSETTS:** If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a copy.

**NEW YORK:** If you submit a written request, you have the right to know whether the Company ordered a background check on you from the Consumer Reporting Agency. You may inspect and order a copy by contacting the Consumer Reporting Agency. If you have previously been convicted of one or more criminal offenses and are denied employment, you may request that the Company provide a written statement setting forth the reasons for such denial. The Company must provide the written statement within thirty (30) days of your request.

**WASHINGTON STATE:** You have the right, upon written request made within a reasonable time frame after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of any "investigative" consumer report we may have requested. You also have the right to request from the Consumer Reporting Agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your credit worthiness, credit standing, or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.



**ADFI TECH**  
"The" Quality Control Company

**APPLICATION FOR EMPLOYMENT**

**EMPLOYMENT PROCESS AND CONDITIONS**

I wish to be considered for employment with ADFITECH, Inc. or one of its subsidiaries (the "Company"). I hereby authorize the references, employers and educational institutions listed below to give the Company any and all information concerning my previous employment and education, and any pertinent information they may have regarding my work or academic performance and character, and I release all persons and entities from all liability with respect to furnishing such information to the Company. I understand and agree that, if employed, the period of my employment shall be at-will and that I may terminate my employment with the Company, or be terminated by the Company, at any time, with or without cause, and with or without notice, at the option of either myself or the Company. I further understand that this term and condition of my employment may not be changed except by a written agreement specifically for such purpose entered into between me and the Company, and signed by the President of the Company, and that such term and condition of my employment shall not be affected by any other employment policies or programs the Company may have. I understand that this application is not a contract, or guarantee of employment or continued employment. I also understand that the Company has policies and programs, in writing and otherwise relating to other terms and conditions of employment, and that such policies and programs are subject to change at any time, for any reason, by the Company at its discretion, and that I have no vested rights in any Company policy or program now or hereafter in effect. I certify that the information contained in the Application for Employment with the Company is correct to the best of my knowledge. I understand that this information is important to the Company and will be used by it in considering my employment. I understand that any falsification of this information may result in the company's refusal to hire me or, if then employed, in my immediate dismissal.

POSITION(S) APPLIED FOR:

This Application will be considered active for a period not to exceed 45 days, or until the position is filled. If hired, I understand that I am required to abide by all policies, rules and regulations of the Company. I have read and understand the above information.

APPLICANT'S SIGNATURE

DATE OF APPLICATION

NAME (LAST, FIRST, MIDDLE INITIAL)

SOCIAL SECURITY NUMBER

ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)

TELEPHONE (AREA CODE & NO.)

IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE PROOF OF YOUR ELIGIBILITY TO WORK? YES NO

IF HIRED, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO

WITHIN THE PAST 10 YEARS, HAVE YOU BEEN CONVICTED OF OR PLEADED GUILTY TO A FELONY?  
(NOTE: CONVICTIONS AND/OR GUILTY PLEAS ARE NOT AN AUTOMATIC BAR TO EMPLOYMENT, AND WILL BE CONSIDERED ONLY AS THEY RELATE TO THE JOB)

EXPLANATION:

DATE AVAILABLE FOR WORK:

APPLYING FOR: FULL-TIME PART-TIME TEMPORARY

ARE YOU WILLING TO RELOCATE? YES NO

IF CURRENTLY EMPLOYED, MAY WE CONTACT PRESENT EMPLOYER? YES NO

HAVE YOU EVER APPLIED OR BEEN EMPLOYED BY ADFITECH? IF YES, GIVE DATE: NO

IS THERE ANYTHING THAT WOULD PREVENT YOU FROM PERFORMING THE REQUIRED FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING? YES NO

NOTE TO APPLICANT: DO NOT ANSWER THE ABOVE QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE POSITION FOR WHICH YOU ARE APPLYING.

**SPECIAL CONDITIONS**

NOTE TO APPLICANT: DO NOT ANSWER ANY OF THE FOLLOWING QUESTIONS UNLESS THE COMPANY HAS CHECKED THE BOX PRECEDING THE QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

DO YOU KNOW OF ANY REASONS THAT WILL MAKE IT DIFFICULT FOR THE COMPANY TO OBTAIN A SURETY BOND ENSURING YOUR HONESTY? YES NO

DO YOU HAVE A VALID MOTOR VEHICLE DRIVERS LICENSE? YES NO

HAVE YOUR DRIVING PRIVILEGES EVER BEEN LOST OR SUSPENDED? YES NO

ARE YOU AVAILABLE TO TRAVEL? YES NO

IF HIRED, CAN YOU PROVIDE PROOF OF INSURANCE COVERAGE? YES NO

DESCRIBE SPECIALIZED SKILLS AND EQUIPMENT OPERATED IF RELATED TO SPECIFIC JOB FOR WHICH YOU ARE APPLYING:

**SKILLS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**ADETECH**  
The Quality Control Company

EDUCATION	NAME & LOCATION	# YRS ATTENDED	DID YOU GRADUATE?	DEGREE OR CREDENTIALS OBTAINED	MAJOR STUDIES
HIGH SCHOOL					
UNDERGRADUATE COLLEGE/UNIVERSITY					
GRADUATE STUDY					
TRADE, BUSINESS OR OTHER, PLEASE SPECIFY					

**START WITH YOUR PRESENT OR LAST JOB AND INCLUDE ALL EMPLOYMENT FOR THE LAST SEVEN (7) YEARS. LIST MANAGER OR SUPERVISORS WHO EVALUATED JOB PERFORMANCE. IF MORE SPACE IS NEEDED TO COMPLETE JOB HISTORY, PLEASE USE A SEPARATE SHEET OF PAPER. RESUMES WILL NOT BE ACCEPTED IN LIEU OF A COMPLETED APPLICATION.**

DATES EMPLOYED	EMPLOYER NAME/ADDRESS/PHONE	JOB TITLE OR POSITION	SUPERVISOR(S)	REASON FOR LEAVING
FROM:				
TO:				
WORK PERFORMED:				
FROM:				
TO:				
WORK PERFORMED:				
FROM:				
TO:				
WORK PERFORMED:				

**LIST THREE (3) PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN FOR ONE (1) YEAR OR MORE:**

REFERENCES	NAME	ADDRESS AND TELEPHONE NUMBER	YEARS ACQUAINTED

THE COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND TREATS ALL OF ITS APPLICANTS AND EMPLOYEES ON THE BASIS OF MERIT, QUALIFICATIONS & COMPETENCE WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP STATUS, AGE OR DISABILITY, OR ANY OTHER FACTOR PROHIBITED BY FEDERAL, STATE OR LOCAL LAW. AFTER AN OFFER OF EMPLOYMENT HAS BEEN EXTENDED, YOU MAY BE REQUIRED TO SUCCESSFULLY PASS A PHYSICAL EXAMINATION AND/OR DRUG TEST.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**TO BE COMPLETED AFTER EMPLOYMENT**

HOW WERE YOU REFERRED TO US? \_\_\_\_\_ IF A RELATIVE REFERRED YOU, DENOTE RELATIONSHIP: \_\_\_\_\_

IN CASE OF AN EMERGENCY, NOTIFY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

## Work Requirements

(In order to better match your work requirements, please answer the following questions.)

1. If hired, when will you be available to begin work?  
\_\_\_\_\_
2. Can you work overtime?    ( ) Yes    ( ) No
3. To work overtime, do you require prior notice?  
    ( ) Yes ( ) No
4. Are you available to work on Saturday?  
    ( ) Yes    ( ) No
5. Are you available to work on Sunday?  
    ( ) Yes ( ) No
6. Are you available to work evenings?  
    ( ) Yes    ( ) No
7. What is your salary requirement?  
    \$\_\_\_\_\_per ( ) Hour ( ) Month ( ) Annual

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

\_\_\_\_\_  
Date