



| SPAN, Inc. Employment Application | | | | | Last Name, First Initial: |
|---|----------------------------|--|----------------------|-----------------|---------------------------|
| Personal Information | | | | | |
| Name (Last, First, MI) | | | | | |
| Address | | | | | |
| City, State, Zip | | | | | |
| Primary Phone number | | Secondary phone number | | | |
| Home E-mail address | | | | | |
| Employment Desired | | | | | |
| Position applied for | | | | | |
| How did you hear about this position? | | | | | |
| Date available for work | | Desired # of hours and Days, Times, etc. | | | |
| Education | | | | | |
| | Name and Address of School | Course of Study | Total Years of Study | Degree/ Diploma | Today's Date: |
| High School | | | | | |
| Undergraduate College | | | | | |
| Graduate/ Professional | | | | | |
| Other (Specify) | | | | | |
| List any military service or other education not listed above which may help qualify you for this position: | | | | | |
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Employment History

List below all present and past employers over the past ten years, starting with your **most recent** employer. Account for all periods of unemployment. *You may attach a resume as a supplement to this section, but please provide as much specific information about former employers as possible (such as name, complete addresses, contact information). This information might be used as part of a background/ reference check. If you submit a resume to supplement this section, it shall become an attachment to and a part of this application.*

| | | | | |
|-----------|---|-----------------------|----------|---|
| 1. | Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No) | Start Date | End Date | Essential job functions of final position |
| | Address | | | 1. |
| | City, State, Zip | | | 2. |
| | Phone number | | | 3. |
| | Supervisor | Email (if known) | | 4. |
| | Job position(s) | Reason(s) for leaving | | |
| | | | | |
| 2. | Employer | Start Date | End Date | Essential job functions of final position |
| | Address | | | 1. |
| | City, State, Zip | | | 2. |
| | Phone number | | | 3. |
| | Supervisor | Email (if known) | | 4. |
| | Job position(s) | Reason(s) for leaving | | |
| | | | | |
| 3. | Employer | Start Date | End Date | Essential job functions of final position |
| | Address | | | 1. |
| | City, State, Zip | | | 2. |
| | Phone number | | | 3. |
| | Supervisor | Email (if known) | | 4. |
| | Job position(s) | Reason(s) for leaving | | |
| | | | | |

| | | | | |
|----|------------------|-----------------------|----------|---|
| 4. | Employer | Start Date | End Date | Essential job functions of final position |
| | Address | | | 1. |
| | City, State, Zip | | | 2. |
| | Phone number | | | 3. |
| | Supervisor | Email (if known) | | 4. |
| | Job position(s) | Reason(s) for leaving | | |
| | | | | |
| 5. | Employer | Start Date | End Date | Essential job functions of final position |
| | Address | | | 1. |
| | City, State, Zip | | | 2. |
| | Phone number | | | 3. |
| | Supervisor | Email (if known) | | 4. |
| | Job position(s) | Reason(s) for leaving | | |
| | | | | |
| 6. | Employer | Start Date | End Date | Essential job functions of final position |
| | Address | | | 1. |
| | City, State, Zip | | | 2. |
| | Phone number | | | 3. |
| | Supervisor | Email (if known) | | 4. |
| | Job position(s) | Reason(s) for leaving | | |

Employment Application for SPAN, Inc.

Additional Information

List any professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, ancestry, age, disability or any other protected status.

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List all languages that you can speak, read and write.
(Please include your fluency level of English):

| | Fluent | Good | Fair |
|-------|--------|------|------|
| Speak | | | |
| Read | | | |
| Write | | | |

Identify formal job training that relates to this position (for driving positions, this may include training such as first aid, defensive driving, passenger assistance, etc.):

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Identify what skills or certification you possess related to this position:

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Employment Application for SPAN, Inc.

| Additional Information | |
|---|--|
| Have you ever been employed with SPAN, Inc. before? If Yes, when? _____ _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have any friends or relatives employed by SPAN, Inc.? If Yes, please provide their names and relationship to you: _____ _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you currently employed? May we contact your employer? Are you currently on "lay off" status and subject to recall? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If hired, do you have a reliable means of transportation to and from work? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If hired, are you able to work overtime if and as needed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If driving is a requirement of the position applied for, have you been convicted of, or pled "guilty" or "no contest to," Driving Under the Influence ("DUI") or Driving While Intoxicated ("DWI")? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| If driving is a requirement of the position applied for, do you have a valid Texas Driver's License? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| If driving is a requirement of the position applied for, do you have a valid Texas <u>Commercial</u> Driver's License? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

Employment Application for SPAN, Inc.

References

List below three persons not related to you who have knowledge of your work performance within the last 5 years.

| | | |
|--------------|---------|---------------------------------|
| Name | | Occupation |
| Company name | Address | |
| Telephone | E-mail | Relationship & years acquainted |

| | | |
|--------------|---------|---------------------------------|
| Name | | Occupation |
| Company name | Address | |
| Telephone | E-mail | Relationship & years acquainted |

| | | |
|--------------|---------|---------------------------------|
| Name | | Occupation |
| Company name | Address | |
| Telephone | E-mail | Relationship & years acquainted |

Additional Space

Additional space provided to expand on any points or questions asked previously in this application

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Employment Application for SPAN, Inc.

Please read each statement closely and initial each, acknowledging your understanding.

Equal Employment Opportunity Statement

SPAN, Inc., is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. SPAN, Inc. desires to maintain a work environment that is free of harassment and discrimination due to race, religion, color, national origin, gender, sex, physical or mental disability, age or any other status protected by Federal, State or local laws. SPAN, Inc. will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

Discrimination and Sexual Harassment Policy Statement

SPAN, Inc. will not tolerate any form of unlawful discrimination or harassment, including sexual harassment. Any employee who engages in unlawful discrimination or harassment, sexual or otherwise, will be subject to appropriate discipline, up to and including termination.

Disclosure to Applicants Concerning Drug/Alcohol Testing and Background Screening

Subject to the terms and conditions stipulated by the Department of Transportation and the Drug and Alcohol Policy of SPAN, Inc., you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will likely become ineligible for employment by SPAN, Inc. Additionally, all employees of SPAN, Inc. will be required to undergo and pass a criminal background screening. Some positions may require further periodic screenings. I understand that depending on the results of the background screening and the position for which I am applying, I may be disqualified as an eligible candidate. I further understand that if I become an employee of SPAN, Inc. future results of any drug or criminal background screening may make me ineligible for employment and be a cause for termination, depending on the results and the position in which I am employed.

Complete and Accurate Information

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

At-Will Employment

I understand that my submission of this application, does not obligate SPAN, Inc. to hire me now or in the future. I further understand and agree that if I am employed, my employment will be "at-will", which means that SPAN, Inc. may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, SPAN, Inc. will respect my right to terminate my employment at any time, with or without cause and with or without notice.

Medical Examination

I understand that if offered certain positions with SPAN, Inc., I might be required to pass a medical examination to remain eligible for employment.

Investigation Authorization

I authorize investigation into all statements and references contained in this application.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY SPAN, INC..

Signature

Date