

ECHOSTORM WORLDWIDE, LLC



Employment Application

7007 Harbour View Boulevard

Suite 101

Suffolk, VA 23435

Office (757) 483-0226

Fax (757) 483-4423

GENERAL INFORMATION (Please Type or Print Legibly)

Resumes are appreciated but are not a substitute for a complete EchoStorm Employment Application

1. Position Title: _____
(one per application)

2. Social Security Number: _____ - _____ - _____

3. Full Name: _____
Last First Middle

4. Address: _____

City State Zip Code

5. Home Phone: ____ () ____ - ____ Business Phone: ____ () ____ - ____

6. Are you legally eligible to work in the United States? Yes No

7. Do you have a valid Driver's License? Yes No

8. Driver's License Number: _____ Issuing State: _____

9. When will you be eligible to start work? _____

10. Are you available to work weekends, holidays, and rotating shifts? Yes No

11. Check job status for which you are applying: _____ Full-Time _____ Part-Time

12. Have you ever been convicted of a violation of any federal, state, county or municipal law regulation or ordinance? Yes No
(If Yes, give the date and explanation of the violation and/or suspension)



EMPLOYMENT HISTORY: (Begin with Last or Most Recent Employer)

Company Name: _____ Position Title: _____

Address: _____ Dates Employed: _____

City/State/Zip: _____ Starting Salary: _____ Ending Salary: _____

Telephone: _____ Reason for Leaving: _____

Full-Time: _____ Part-Time: _____

Immediate Supervisor: _____ Number of Employees You Supervised: _____

Your Name when employed if different from present: _____

May we contact this employer for references and/or verification? Yes No

Major Duties: _____

Company Name: _____ Position Title: _____

Address: _____ Dates Employed: _____

City/State/Zip: _____ Starting Salary: _____ Ending Salary: _____

Telephone: _____ Reason for Leaving: _____

Full-Time: _____ Part-Time: _____

Immediate Supervisor: _____ Number of Employees You Supervised: _____

Your Name when employed if different from present: _____

May we contact this employer for references and/or verification? Yes No

Major Duties: _____

EMPLOYMENT HISTORY: (continued)

Company Name: _____ Position Title: _____

Address: _____ Dates Employed: _____

City/State/Zip: _____ Starting Salary: _____ Ending Salary: _____

Telephone: _____ Reason for Leaving: _____

Full-Time: _____ Part-Time: _____

Immediate Supervisor: _____ Number of Employees You Supervised: _____

Your Name when employed if different from present: _____

May we contact this employer for references and/or verification? Yes No

Major Duties: _____

Company Name: _____ Position Title: _____

Address: _____ Dates Employed: _____

City/State/Zip: _____ Starting Salary: _____ Ending Salary: _____

Telephone: _____ Reason for Leaving: _____

Full-Time: _____ Part-Time: _____

Immediate Supervisor: _____ Number of Employees You Supervised: _____

Your Name when employed if different from present: _____

May we contact this employer for references and/or verification? Yes No

Major Duties: _____

B EDUCATION: _____

Do you have a High School Diploma? Yes No

Name and location of High School Attended: _____

Do you have a GED? Yes No

College Coursework

| Name and Location of Institution | Degree Received | Hrs. | Major/Specialty |
|----------------------------------|-----------------|------|-----------------|
| 1. _____ | | | |
| 2. _____ | | | |
| 3. _____ | | | |

Please list Certification, Licenses, etc. that are applicable to this position: _____

C SKILLS: _____

Specify skills you have that are applicable to this position (i.e., equipment operation, specialized software, formal training, language interpretation, etc.):

Typing/Keyboarding ____ wpm

D REFERENCES: _____

List names, addresses, and relationships of three persons who have not supervised you and are not related to you.

| NAME | ADDRESS | PHONE | RELATIONSHIP |
|----------|---------|-------|--------------|
| 1. _____ | | | |
| 2. _____ | | | |
| 3. _____ | | | |



CERTIFICATION:

I hereby certify that all entries on this application including attachments are true and complete, and I agree and fully understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment with EchoStorm Worldwide, LLC. I also certify that I am not, nor have I been, a member of any organization which advocates the overthrow of the government by force or violence.

I understand that information on this application is subject to verification and I consent to references, former employers, and educational institutions listed being contacted regarding this application.

Applicant's Signature

Date

EMPLOYMENT APPLICATION DISCLAIMER

EchoStorm is an equal opportunity employer, and selects the best matched individual for the job based upon job related qualifications regardless of race, color, religion, sex, national origin, age, disability, genetics (results of genetic testing), veteran or active duty military status or other protected group under State, Federal or Local Equal Opportunity Laws.

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
2. It is my understanding that EchoStorm will conduct a through investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by EchoStorm, and I release from liability any person giving or receiving such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I agree that my employment may be terminated by this Company at any time without liability for wages or salary except such as may have been earned at the date of such termination. It is also understood that while at work there is no reasonable expectation of privacy and items brought into the workplace are subject to search.
4. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating schedule, or a work schedule other than Monday through Friday. I understand and accept these conditions of my continuing employment.
5. I further understand that this is an application for employment and that no employment contract is being offered.
6. I understand that if I am employed, such employment is for no definite period of time and that EchoStorm can change wages, benefits, and conditions at any time.

I have read and understand the above:

Signature: _____

Date: _____

VOLUNTARY APPLICANT AFFIRMATIVE ACTION INFORMATION SHEET

As an Equal Opportunity Employer, we do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, genetics (results of genetic testing), veteran or active duty military status, or any other classification protected by federal, state, or local law. As a federal contractor, we comply with government regulations and affirmative action responsibilities where applicable.

Completion of this data is voluntary and will not affect your opportunity for employment. This information is solely to help us comply with government record keeping, reporting, and other legal requirements and will be kept in a confidential file separate from the Application for Employment. Thank you for your cooperation.

(PLEASE PRINT)

POSITION TITLE: _____

(Check One) Full-Time Part-Time

REFERRAL SOURCE:

_____Advertisement _____Friend _____Internet _____VEC _____Other_____ (Please List)

NAME: _____
Last First Middle

ADDRESS: _____
Street City State Zip

SEX: (Check One) _____Male _____Female

RACE/ETHNICITY:

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

_____Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

_____White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

_____Native Hawaiian or 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, Malaysian, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____American Indian or Alaska 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 attachment.

_____Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

EchoStorm Worldwide, LLC
ALCOHOL/DRUG FREE WORKPLACE

EchoStorm Worldwide, LLC is committed to maintaining an alcohol and drug free workplace for all employees. Much of the company's work is accomplished where awareness, diligence and clear thinking are essential to maintaining a safe environment for all concerned. The company's policy regarding the work-related effects of alcohol and drug use and the unlawful possession of controlled substances on company premises is as follows:

- Employees are expected and required to report to work on time and in appropriate mental and physical condition for work. It is our intent and obligation to provide an alcohol and drug-free, healthful, safe and secure work environment.
- The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance on company premises or while conducting company business off company premises is absolutely prohibited. Violations of this policy will result in disciplinary action, up to and including termination of employment and may have legal consequences.
- The company recognizes alcohol and drug dependency as an illness and a major health problem. The company also recognizes alcohol and drug abuse as a potential health, safety and security problem. Employees needing help in dealing with such problems are encouraged to use our Employee Assistance Program (EAP). Conscientious efforts to seek such help will not jeopardize any employee's job.
- Employees must, as a condition of employment, abide by the terms of the above policy and report any conviction under a criminal drug statute for violations occurring on or off company premises while conducting company business. A report of a conviction must be made within five (5) days after the conviction. (This requirement is mandated by the Drug-Free Workplace Act of 1988).

To implement the above policy, the company has established the following procedures:

- All supervisors will receive periodic, formal training and/or literature to assist in identifying and addressing illegal drug use by employees.
- All non-supervisory employees will receive periodic, formal training and/or literature of the dangers to health and safety of drug abuse.
- Self-referrals by employees and supervisory referrals of employees for treatment through the company's EAP are strongly encouraged. All referrals are to be made with maximum respect for individual confidentiality consistent with safety and security issues.
- EchoStorm will require all current employees to submit to a confidential drug and alcohol test when the employee's supervisor or the management of the company directs such action based on the following:
 - There is a reasonable suspicion due to indirect signs such as diminished job performance, inattention to detail, personality changes, frequent or poorly explained accidents, excessive tardiness or absenteeism; or due to direct signs such as direct observation of alcohol or other drug use or possession
 - An employee has been involved in an on-the-job injury or unsafe practice
 - An employee has been involved in an accident with a company vehicle or mobile equipment
 - As part of or as a follow-up to counseling or rehabilitation for a positive test
 - As part of a voluntary employee drug testing program
 - As part of a random or contract required program
- Reasonable suspicion, injury, accident, customer required, or Department Of Transportation (DOT) required screens will be paid for in full by the company.
- The following is a list of substances for which EchoStorm Worldwide, LLC may test:

SUBSTANCE

MARIJUANA
PCP (PHENCYCLIDINE)
AMPHETAMINES
COCAINE
OPIATES
ALCOHOL

Alcohol levels of a concentration of 0.02 or greater will be deemed positive.

- Retesting will only be allowed on original specimens taken, at the full expense of the current or potential employee.
- No employee shall be allowed to remain on duty or perform any work under a government contract who is found to use illegal drugs or has reported to work under the influence of alcohol until such time as EchoStorm Worldwide determines that the employee can perform his/her duties in a safe and responsible manner as determined by the company's EAP. Refusal to comply with the recommendations of the EAP will result in immediate termination of employment, with no eligibility of rehire.
- Employees/potential employees who have a non-negative test result will not be allowed to work until the testing facility has provided the final test result.
- Refusal to submit to a drug or alcohol test will result in immediate termination, with no eligibility of rehire.
- For employees working within DOT regulations, those regulations will take precedence over company policy.