



Employment Package

It is Concurrent Power Services LLC policy to provide equal opportunity with regard to all terms and conditions of employment. Concurrent Power Services LLC complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age or any other protected characteristic. We are therefore requesting information about the race and sex of our applicants in order to comply with government reporting requirements and in order to ensure equal employment opportunity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.

EMPLOYEE INFORMATION

DATE: _____ DOB: ____ - ____ - ____ SS#: _____ - ____ - ____

FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT PERSON: _____

EMERGENCY CONTACT TELEPHONE: _____

RELATION TO APPLICANT: _____

POSITION APPLYING FOR: _____

DATE AVAILABLE TO START: _____ FULL-TIME: _____ PART-TIME: _____

CURRENTLY EMPLOYED? _____ MAY WE CONTACT EMPLOYER? _____

DO YOU HAVE A LEGAL RIGHT TO BE EMPLOYED IN THE U.S.? YES NO

EDUCATIONAL BACKGROUND

HIGH SCHOOL NAME: _____

CITY/ STATE: _____ YEARS COMPLETED: _____

COLLEGE/ UNIVERSITY NAME: _____

CITY/ STATE: _____ YEARS COMPLETED: _____

DEGREES/ DIPLOMAS/ AWARDS RECEIVED: _____

EMPLOYMENT BACKGROUND

PLACE AN BY THE EMPLOYER(S) YOU DO **NOT** WANT US TO CONTACT. LIST THE MOST RECENT EMPLOYER FIRST.

1. COMPANY: _____ PHONE: _____

ADDRESS: _____

CONTACT: _____ LAST WAGE: \$ _____

POSITION: _____ EMPLOYED FROM: _____ TO _____

REASON FOR LEAVING: _____

2. COMPANY: _____ PHONE: _____

ADDRESS: _____

CONTACT: _____ LAST WAGE: \$ _____

POSITION: _____ EMPLOYED FROM: _____ TO _____

REASON FOR LEAVING: _____

3. COMPANY: _____ PHONE: _____

ADDRESS: _____

CONTACT: _____ LAST WAGE: \$ _____

POSITION: _____ EMPLOYED FROM: _____ TO _____

REASON FOR LEAVING: _____

4. COMPANY: _____ PHONE: _____

ADDRESS: _____

CONTACT: _____ LAST WAGE: \$ _____

POSITION: _____ EMPLOYED FROM: _____ TO _____

REASON FOR LEAVING: _____

INVITATION TO SELF-IDENTIFY ACKNOWLEDGEMENT

We are requesting information about the race and sex of our employees in order to comply with government reporting requirements and in order to ensure equal employment opportunity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.

Concurrent Power Services LLC is a federal government contractor subject to section 503 of the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended, which requires us to take affirmative action to employ and advance in employment qualified individuals with disabilities, qualified disabled veterans and veterans of the Vietnam era. If you have a disability or if you are a covered veteran and would like to be considered under the affirmative action program, please tell us. You may inform us of your desire to benefit under the program at this time and/or at any time in the future.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Information you submit about your disability will be kept confidential, except that (i) supervisors and managers may be informed regarding restriction on the work or duties of individuals with disabilities, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by OFCCP or the Americans with Disabilities Act, may be informed. The information provided by be used only in ways that are not inconsistent with section 503 of the Rehabilitation Act and the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended.

If you are an individual with a disability we would like to include you under the affirmative action program. It would assist us if you tell us about (i) any special methods, skills and procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind, and (ii) the accommodations which we could make which would enable you to perform the job properly and safely.

GENDER & RACE:

- | | |
|---|---|
| <input type="checkbox"/> MALE | <input type="checkbox"/> FEMALE |
| <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE | <input type="checkbox"/> ASIAN/PACIFIC ISLANDER |
| <input type="checkbox"/> BLACK, NON HISPANIC | <input type="checkbox"/> HISPANIC |
| <input type="checkbox"/> OTHER | <input type="checkbox"/> WHITE, NON HISPANIC |

- Individual with a disability
- Disabled veteran
- Veteran who served on active duty in the Armed Forces during war or in a campaign or expedition for which a campaign badge has been authorized.
- Veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order No. 12985.
- Recently separated veteran. “Recently separated” is defined as the three-year period beginning on the date of such veteran’s discharge or release from active duty.

BACKGROUND CHECK AUTHORIZATION

I authorize Concurrent Power Services LLC to conduct a comprehensive review of my background at their discretion, causing an investigative consumer report for employment review purposes that may include, but is not limited to, the following:

Verification of social security number; employment history including all personnel files; character references; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; motor vehicle records to include traffic citations and registration.

I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Concurrent Power Services LLC, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

I understand I have the right to revoke the authorization at any time, provided I do so in writing.

FORMER NAME(S): _____ DATE USED: _____

PREVIOUS ADDRESS: _____ DATE USED: _____

DRIVER'S LICENSE#: _____ STATE: _____ EXP: _____

DRUG & ALCOHOL TEST AUTHORIZATION

I freely and voluntarily agree to a drug/alcohol screen as part of my application for employment and ongoing employment. I release Concurrent Power Services LLC from any liability resulting from my participation in such a screening. I understand that a refusal to test or a positive confirmed drug/alcohol test will disqualify me or will result in immediate dismissal from employment.

When employed, I understand and agree to abide by Concurrent Power Services LLC Drug Free Workplace Policy, under Florida Statute 440.101 and 440.102. I understand that if I am injured during the course and scope of my employment and I test positive for the presence of drugs/alcohol, I may forfeit my eligibility for medical and indemnity benefits under Florida's Workers' Compensation Law. I also understand that a refusal to test under this circumstance will automatically result in forfeiture of my eligibility for medical and indemnity benefits and immediate dismissal from employment.

I hereby give my consent to release the results of my drug/alcohol screen to the person(s) or department(s) or the specified agent of Concurrent Power Services LLC for the purpose of determining the presence of drugs and/or alcohol in my body. This includes Total Compliance Network's Medical Review Office. I also acknowledge that as part of my employment, I may be subject to future drug/alcohol screens for reasonable suspicion and/or random testing at Concurrent Power Services LLC discretion.

SAFETY RULES ACKNOWLEDGEMENT

I hereby acknowledge that I must attend and abide by the rules and regulations outlined in the Safety Meetings held at my project and as set forth by Concurrent Power Services LLC. I understand that failure to comply with these rules could result in disciplinary action or termination from employment. I also understand that failure to follow Concurrent Power Services LLC's established safety rules may result in a 25% reduction in my Workers' Compensation benefits, should I incur a workplace accident. This is in the Florida State Workers' Compensation Law. Additionally, I understand that I must immediately report any on-the-job accident or injury to my immediate supervisor. Under no circumstances shall this notification occur later than the end of the workday in which the injury is sustained. I understand that failure to comply with these rules could result in disciplinary action or termination of employment.

DIRECT DEPOSIT AUTHORIZATION

Check the box if you would like to waive the option of Direct Deposit.

I (we) hereby authorize Concurrent Power Services LLC to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to the same:

_____ Checking Account

_____ Savings Account

BANK NAME: _____

TRANSIT #: _____ ACCOUNT #: _____

This authorization is to remain in full force and effect until Concurrent Power Services LLC has received written notification from me (or either of us) of its termination.

ATTACH VOIDED CHECK FOR RECORD PURPOSES.

PROBATIONARY PERIOD

Newly-hired full-time employees will go through a Probationary Period of sixty (60) days.

Additionally, management will use this time period to observe the employee's job performance and suitability. Management reserves the right to terminate an employee's employment at its discretion within the Probationary Period.

EMPLOYMENT AT-WILL

The employment relationship, which exists between Concurrent Power Services LLC and each of its employees, is *employment at-will*. Under this relationship, any employee is free to end his or her employment with Concurrent Power Services LLC at any time for any reason with or without prior notice. Likewise Concurrent Power Services LLC may, at any time, decide to end an individual's employment with or without cause or prior notice.

This document and any other communications by Concurrent Power Services LLC, whether written or oral, which outline procedures and guidelines related to an individual's employment at Concurrent Power Services LLC, may at any time be revised or changed or disregarded by Concurrent Power Services LLC. The statements and contents of this and other statements by Concurrent Power Services LLC, whether written or oral, are not promises of any kind by Concurrent Power Services LLC.

This *Employment At-Will* Statement supersedes and cancels any other communication by Concurrent Power Services LLC, whether written or oral, that states, suggests or in any way implies that employment at Concurrent Power Services LLC is not at-will.

NOTICE: MANDATORY ARBITRATION

The Company and all employees are subject to mandatory arbitration pursuant to individual arbitration agreements ("Agreement") entered into by the Company and each employee respectively. Pursuant to its terms, the Agreement applies to those disputes identified therein ("Covered Disputes").

The Company does not anticipate any specific disputes with its employees. However, those disputes that arise (from time to time) are usually resolved on an informal basis with the assistance of the HR department. In those rare instances where a Covered Dispute cannot be settled informally, the employees and the Company are required to seek resolution by mandatory arbitration. The Agreement is not part of the Employee Handbook. Rather, the Agreement is an independent legal document that you must accept as a condition of employment. The Agreement does NOT affect or change your status as an at-will employee.

If you are offered employment but refuse to accept the Arbitration Agreement, your offer of employment will be rescinded.

CONFIDENTIALITY

You acknowledge that through being employed by Concurrent Power Services LLC, you will acquire many of Concurrent Power Services LLC's (and Concurrent Power Services LLC's affiliates) confidential or proprietary techniques used in operation of its business, as well as privileged access to trade secrets and

confidential information. You recognize that Concurrent Power Services LLC has a legitimate interest in protecting the foregoing and hereby agree that you will keep confidential the material financial terms and conditions of your employment and any confidential or proprietary information concerning Concurrent Power Services LLC and its affiliates, and any and all confidential and proprietary data, reports, information, strategic plans and other work product whatsoever relating thereto (the "Data"). All Data generated and/or compiled during your employment is the sole property of Concurrent Power Services LLC and you have no right to such Data, or copies thereof, other than to further the business of Concurrent Power Services LLC.

OATH OF INFORMATION TRUTH

I hereby certify that all the information provided by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered my application may be rejected or my employment terminated at any time.

Signature

Print Name

Date