

Employment Application

An Equal Opportunity Employer



Print or Type

| | | | | | | |
|---|--------------------------|---|---------------------------------------|---|---|--|
| Last Name | | First Name | | | Middle Name | Date |
| Present Address - Street | | City | State | Zip Code | Home Phone | Social Security Number |
| Permanent Address - Street | | City | State | Zip Code | Business Phone Cell Phone | Message Phone E-mail Address |
| Have you ever been employed by a Bechtel or SAIC affiliated company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Bechtel <input type="checkbox"/> SAIC Where? When? | | Have you ever filed a resume or employment application with Bechtel or SAIC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Bechtel <input type="checkbox"/> SAIC Where? When? | | | Please list any other name by which you have been known to verify education and work records. | |
| Would you be willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No | | In what city would you prefer to work? | | | Referred by: | Bechtel or SAIC Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Foreign Languages (Indicate - Good, Fair) | Speak | Read | Write | Summary of International Experience or Travel Where Foreign Language Was Used | | |
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| | | | | | | |
| Education | Number of Years Attended | Date Diploma or Degree Received | Degree and Major or Education Details | | Name of School | City and State |
| High School | | | | | | |
| Other Education | | | | | | |
| Other Education | | | | | | |
| Courses taken related to desired work | | | | | | |
| Current professional licenses and registrations. Give state, branch, and certificate number and expiration date. | | | | | | |
| Membership/activities in technical associations, significant presentations/publications, professional societies, college and other honors. | | | | | | |
| Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If so, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | When can you report to work? | | If applicable, list all computer skills including software programs in which you are proficient. |
| Salary received last year \$ | | Other compensation: \$ Describe | | Salary expectations \$ | | |
| Work Desired: First choice | | Second choice | | Estimated typing speed/WPM: | | Estimated shorthand speed/WPM: |

Instructions:

Chronologically list all relevant employment **and unemployment** beginning with your most recent employment. Attach resume only to supplement information. For military service, identify only those skills relevant to the position desired. **NOTE:** If you were a contractor at an employment site, indicate so, and provide contact information for the company *from which you received compensation*. If you worked for a company that is no longer in business or was purchased, provide the name of the new company or agency that can verify employment for that company, or provide the name and contact information of a business or professional reference that can verify your employment with that company or work site. **To facilitate the employment verification process, please verify that all contact information provided on this application is as accurate as possible.**

| From (MM/DD/YY): | To (MM/DD/YY): | Total Months | Duties (Describe Below) | |
|---------------------|----------------|---|-------------------------|--|
| Full Employer Name | | Employer Corporate Contact Name and Phone number of person or department verifying employment (if different than Supervisor). Name: _____ Phone: _____ | | |
| Main Office Address | | City | | |
| State | Zip | Name and Title of Supervisor | | |
| Type of Business | | Supervisor Phone Number | | |
| Starting Position | | Monthly Base Salary | | |
| Last Position | | Monthly Base Salary | Location of Work | |

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| BUSINESS OR PROFESSIONAL REFERENCES (DO NOT INCLUDE PERSONAL REFERENCES) | | | | | | |
|--|-------------|--------------------|---------|----------------------|-------|---------------|
| Name | Years Known | Professional Title | Company | Working Relationship | Phone | Email Address |
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Authorization to Work in the United States

I am authorized to work in the United States and I understand that under the Immigration Reform and Control Act of 1986, upon hire, I will be required to provide documents verifying my identity and eligibility to work in the United States.

Felony or Misdemeanor Conviction:

Have you ever been convicted of a felony? Yes No Have you been convicted of a misdemeanor within the past 5 years?*(Exclude marijuana-related convictions dated more than two years ago.) Yes No * Do not answer this question if you are completing this application in Pennsylvania or are applying for a job that is in Pennsylvania. If the answer to either question is "Yes," give details on a separate sheet. A conviction will not necessarily disqualify you from employment. The nature of the violation and all other appropriate circumstances will be considered.

Pre-employment Drug Screening:

Bechtel SAIC Company, LLC (BSC) requires all applicants for employment to submit to a pre-employment drug screen by urinalysis at BSC's expense. Refusal to participate in screening will render an applicant ineligible for employment. If an offer is extended, employment with BSC is contingent upon a negative drug screen. A positive drug test result will make the applicant ineligible to reapply for 6 months from the test date.

Verification of Information:

Authorization is granted to former employers and individuals listed to release information on my ability, performance and verification of matters stated. Bechtel SAIC Company, LLC reserves the right to verify any and all information on employment applications and any other work-related documents during both the application process and employment. Any falsification, misrepresentation or omission of relevant information will be grounds for cancellation of this application or termination of employment.

Employment Inventions and Secrecy Agreement:

The work assigned, that is being done or will be done by Bechtel SAIC Company, LLC (BSC) may be of confidential or developmental nature or both. In the event I am hired, I will observe BSC's requirements with respect to inventions, trade secrets and BSC or client information that is proprietary, confidential or private.

Employment at Will:

Bechtel SAIC Company, LLC adheres to the doctrine of employment at will. Employment can be terminated, with or without cause and with or without notice, at any time, at the option of either the company or myself. While other terms of employment and policies and procedures may exist and be changed from time to time, an employee's at-will status is not subject to change absent a written agreement expressly so providing, signed by a senior officer of the company.

I have read, understand and agree to all of the above-stated conditions of employment.

Date _____

Applicant's Signature _____

DISCLOSURE

Please be advised that we and/or our agent HIRERIGHT, INC. may obtain consumer reports and/or investigative consumer reports about you for employment purposes, including without limitation, for the purposes of evaluating you for employment, promotion, reassignment and retention as an employee, at any time prior to or during your employment. Pursuant to the Fair Credit Reporting Act (FCRA), consumer reports and/or investigative consumer reports (reference checks) may include, without limitation, information about your character, general reputation, personal characteristics and mode of living, whichever are applicable, as well as salary history, reason for termination, eligibility for rehire and any disciplinary actions taken against you. An investigative consumer report may involve personal interviews with sources, including without limitation, employers, supervisors, coworkers, clients, friends, associates and neighbors.

The FCRA provides you with the right to request from us, in writing within a reasonable amount of time, a disclosure of the nature and the scope of any investigative consumer report (reference check). The disclosure shall be made in writing and mailed, or otherwise delivered, to you no later than 5 days after the date on which your request is received or 5 days after the date on which the report was first requested, whichever is later. Attached is "A Summary of Your Consumer Rights under the FCRA" as prepared by the Federal Trade Commission.

AUTHORIZATION/CONSENT & RELEASE

I, the undersigned, certify that all the information provided as part of my application for employment is true and complete to the best of my knowledge. I acknowledge that any false or misleading information in my application materials or interview may result in denial of employment or termination, if hired and that any personal information requested, including date of birth, is requested solely for identification purposes.

I hereby authorize **Bechtel SAIC Company, LLC** ("Company") and/or its agent HireRight, Inc. to prepare consumer reports and/or investigative consumer reports (reference checks) about me for employment purposes, including without limitation, for the purpose of evaluating me for employment, promotion, reassignment and retention as an employee, at any time prior to or during my employment and without giving me any additional notice.

I FURTHER AUTHORIZE ALL PERSONS, EMPLOYERS, SUPERVISORS, COWORKERS, SCHOOLS, COMPANIES, CORPORATIONS, ORGANIZATIONS, CREDIT BUREAUS, COURTS AND ANY GOVERNMENTAL, LAW ENFORCEMENT, LICENSING AND RECORD-KEEPING AGENCIES, AND ANY OTHER SOURCE OF INFORMATION TO PROVIDE ALL INFORMATION REQUESTED WITH RESPECT TO MY BACKGROUND, INCLUDING ANY CRIMINAL RECORDS, TO COMPANY AND/OR ITS AGENT HireRight.

I hereby voluntarily and knowingly release and discharge Company, HireRight, Inc. and any source of information from any and all claims, damages, losses, liabilities, costs and expenses arising from or relating to the retrieving, preparing and reporting of any information, including without limitation any inaccurate or incomplete information, to the fullest extent permitted by law.

I certify that I have read and understand this entire document, including the above **DISCLOSURE**, and I agree that a copy of this document is as valid as the original. I also acknowledge my receipt of "A Summary of Your Rights under the Fair Credit Reporting Act".

Applicant's Signature

Date

Printed Name (as it appears on driver's license)

Social Security Number

Date of Birth (mo/day/yr)

Driver's License Number/State