



## Employment Application

### PERSONAL

Date	Last Name	First Name	Middle Name
Address		City	State      Zip Code
Home Telephone	Business or Day Message Telephone	E-mail address	
Type of Position Desired/Requirement #			Date Available
Salary Desired		Date and Percentage of Last Salary Increase	

### EDUCATION

High School	Technical/Business School	College or University	Additional Education
Location/City, State	Location/City, State	Location/City, State	Location/City, State
Diploma/GED	Diploma/Degree	Diploma/Degree	Diploma/Degree
	Major	Year Granted	Major      Year Granted

Are you a U.S. citizen?  Yes  No      Naturalized?  Yes  No

### EXPERIENCE

Please list most recent experience first. Account for all time since high school graduation except full-time school. Attach extra sheets if necessary. Please account for all relative experience.

Employed		Employer	Supervisor's Name and Title
From:	To:	Address	Reason for Leaving
Base Salary (Salary verification required)		Your Title	
Start:	Final:	General Description of Duties	
Employed		Employer	Supervisor's Name and Title
From:	To:	Address	Reason for Leaving
Base Salary (Salary verification required)		Your Title	
Start:	Final:	General Description of Duties	

Employed		Employer	Supervisor's Name and Title
From:	To:	Address	Reason for Leaving
Base Salary (Salary verification required)		Your Title	
Start:	Final:	General Description of Duties	
Employed		Employer	Supervisor's Name and Title
From:	To:	Address	Reason for Leaving
Base Salary (Salary verification required)		Your Title	
Start:	Final:	General Description of Duties	

Name three persons, preferably former supervisors or people with whom you have worked, who have knowledge of your technical competence whom we have your permission to contact.

Name	Relationship	Day Phone	Evening Phone	E-mail*
Address				
Business Address				
Name	Relationship	Day Phone	Evening Phone	E-mail*
Address				
Business Address				
Name	Relationship	Day Phone	Evening Phone	E-mail*
Address				
Business Address				

\*Required

### AGREEMENT

I certify that the information supplied by me in this application is complete, true, and correct.  
 I agree that any falsification by me in connection with this application shall constitute cause for termination of any employment resulting therefrom.  
 I authorize Applied Signal Technology to conduct a pre-employment background investigation to verify all information supplied by me to be accurate and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

How were you referred to Applied Signal Technology?

Employee Referral   
  Advertisement   
  School   
  Employment Agency   
  Self  
 Radio   
 TV   
 Print   
 Other   
 Career Center Conversion   
 Yes   
 No

Name of referral source:



## Authorization for Background Investigation

I hereby authorize Applied Signal Technology, Inc. ("Company") to investigate my background and fitness for employment, including but not limited to, an investigation of all information provided in this employment application. Such investigation may include the Company's search of public records, personal credit information, criminal conviction records or driving history, if driving is part of any job duties. I understand that I may waive my right to receive a copy of any public record information obtained by the Company about me (check box below).

- I hereby waive my right to receive a copy of any public record information obtained by the Company about me for employment purposes.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



## Disclosure and Authorization for Background Investigation

I hereby authorize Applied Signal Technology, Inc. (“Company”) and/or any entity directed by the Company to obtain an investigative consumer report [**and/or consumer credit report**] for employment purposes, including in connection with my application for employment. An “investigative consumer report” includes any information as to your character, general reputation, personal characteristics, or mode of living. [A “**consumer credit report**” includes any information regarding your credit worthiness, credit standing, credit capacity.] The specific nature and scope of the investigative consumer report the Company is seeking includes [**modify as needed**] inquiries regarding educational background; work history; [**personal financial status and credit history**]; court records, including criminal conviction record, as permitted by law; driving history if driving is part of any job duties; and references obtained from professional and personal associates. I further understand and agree that an investigative consumer report [**and/or consumer credit report**] may be obtained at any time, and any number of times, as the Company in its sole discretion determines is necessary before, during or after my employment.

The consumer reporting agency that will be providing the Company with the investigative consumer report [**and/or consumer credit report**] is ESR, [7110 Redwood Blvd. #C, Novato, CA 94945 (888) 999-4474]. I understand I can receive a free copy of any investigative consumer report [**and/or credit report**] requested by the Company about me (check the box below if copy is desired). I acknowledge receipt of the attached summary of an investigative consumer reporting agency’s obligations pursuant to California Civil Code section 1786.22.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Print Name)

Yes, I wish to receive a copy of any investigative consumer report [and/or consumer credit report] requested about me by the Company.

# Release and Authorization

I, \_\_\_\_\_, in connection with my application for employment at **Applied Signal Technology**, hereby authorize **Applied Signal Technology** and **Employment Screening Resources (ESR)** a Consumer Reporting Agency, to perform a pre-employment background screening check (including future screenings for retention, reassignment or promotion, if applicable, unless revoked in writing). I understand and agree to the following:

- 1) **A background check is not only for the benefit of the company as a sound business practice, but also for the benefit of all employees. It is no reflection on an applicant.** I HAVE SIGNED A SEPARATE DISCLOSURE DOCUMENT CONCERNING MY RIGHTS.
- 2) All reports are **confidential** and provided to the above employer for employment decisions only. In the event that I am employed through a staffing firm or other agency, the report may be released to the place of employment where I am actually working. Reports are done in strict compliance with the Fair Credit Reporting Act, the Americans with Disabilities Act (ADA), anti-discrimination and privacy laws, and all other applicable federal and state laws. **ESR** does not make or give any hiring opinions.
- 3) I may review or obtain a copy of my report as provided by law. **ESR** may be contacted by writing to: Employment Screening Resources, 7110 Redwood Blvd., Suite C, Novato, CA 94945 (Phone 888.999.4474).
- 4) **I authorize and release people, companies, references, current and former employers, schools, credit bureaus, municipal, county, state and federal agencies and courts, and agencies that provide motor vehicle records to provide all information that is requested to Applied Signal Technology or ESR.**
- 5) I further release all of the above, including **Applied Signal Technology** and **ESR**, to the full extent permitted by law, from any liability or claims arising from retrieving and reporting information concerning me.
- 6) I agree that a copy or fax of this document shall be as valid as the original; ESR may contact me by phone to clarify information. (area code and phone): \_\_\_\_\_

**Please indicate the following:**

1. Have you ever been convicted of a crime? (Please exclude convictions for minor marijuana-related offenses, convictions that have been sealed or legally eradicated, and misdemeanor convictions for which probation was completed and the case was dismissed.) Yes  No
2. Are you currently out on bail, or released on your own recognizance pending trial or have a pending warrant? Yes  No
3. If the answer to either one is YES, please explain (an affirmative answer to any of the above will not necessarily disqualify you from employment).

Your signature \_\_\_\_\_ Date \_\_\_\_\_

COURTS AND OTHER ENTITIES REQUIRE THE FOLLOWING INFORMATION FOR IDENTIFICATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND IS USED FOR IDENTIFICATION ONLY. YEAR OF BIRTH ENSURES ACCURACY AND AVOIDS DELAY.

PLEASE PRINT CLEARLY. ANY INFORMATION THAT IS NOT LEGIBLE WILL CAUSE DELAY.

Last Name	First Name	Middle Name	Social Security Number
Mo /day /year	Date of Birth (Month and day mandatory/Year optional)		Date of Name Change
Name as it appears on Drivers License		Driver's License or I.D. Number	State of Issue

**May we contact your current employer?** Yes  No

PLEASE PROVIDE ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST SEVEN YEARS INCLUDING ZIP CODES (USE BACK IF NEEDED)

CURRENT:	FULL STREET ADDRESS	APT. #	CITY	STATE	ZIP CODE	YEARS
FORMER:	FULL STREET ADDRESS	APT. #	CITY	STATE	ZIP CODE	YEARS
FORMER:	FULL STREET ADDRESS	APT. #	CITY	STATE	ZIP CODE	YEARS
FORMER:	FULL STREET ADDRESS	APT. #	CITY	STATE	ZIP CODE	YEARS

CHECK HERE IF ADDITIONAL ADDRESSES ARE SUPPLIED



## Security Requirements

The criteria used by the United States Government for determining eligibility for a security clearance relates, but is not limited to, the following:

- ❖ Both the individual and the members of his or her immediate family shall be U.S. citizens. Immediate family includes the individual's spouse, parents, brothers, sisters, and children. The individual's immediate family and persons to whom he or she is bound by affection or obligation should neither be subject to physical, mental, or other forms of duress by a foreign power, nor advocate the use of force or violence to overthrow the Government of the United States. Sharing living quarters with a person or persons, regardless of the citizenship status, may be indicative of a closer relationship whether or not it is intimate.
- ❖ Any illness or mental condition which, in the opinion of competent medical authority, may cause significant defect in the judgment or reliability of the applicant.
- ❖ Excessive indebtedness and recurring financial difficulties may indicate a pattern of financial irresponsibility when it appears the individual has not made a conscientious effort to satisfy creditors. Unexplained affluence or repetitive unexplained absences from places of employment or official duty are of concern to the Government.
- ❖ An individual's involvement in the use, transport, transfer, sale, cultivation, processing, and manufacturing of hallucinogens, narcotics, drugs, and other materials and chemical compounds identified and listed in the Controlled Substance Act of 1970.
- ❖ The attempt or commission of any act of sabotage, espionage, treason, sedition, or anarchy.

*Having read the criteria that the U.S. Government requires for security clearance, do you want to be put in for a clearance?*

Yes       No

*Do you meet the above stated criteria?*

Yes       No

I certify the information supplied by me is true and correct. I agree that any falsifications by me in connection with these security requirements shall constitute cause for termination of any employment resulting therefrom.

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Certain positions, among those for which you may be considered, involve highly sensitive and/or classified work which the company has contracted to perform for the U.S. Government. These positions require that you and all members of your immediate household be U.S. citizens and be eligible to obtain a U.S. Government security clearance.

---

Please fill out the questionnaire below, which contains questions that are relevant to obtaining a security clearance.

Have you ever had a Government security clearance?  Yes  No

Where was this secured? \_\_\_\_\_

Active  Yes  No

Inactive  Yes  No

What was the date: \_\_\_\_\_

What classification? \_\_\_\_\_

---

Do you have relatives residing in a foreign country?  Yes  No

What country? \_\_\_\_\_

Relationship Status \_\_\_\_\_ Ongoing/Infrequent

---

Are you, or have you even been, a member of any Communist organization or political party or organization that advocates or advocated the overthrow of our constitutional form of government in the United States?

Yes  No

---

Have you ever been convicted of an offense other than minor traffic violations?  Yes  No

If "yes," please give date, place, offense, and outcome of each.

---

---

---

---

---

---

---

---