

WTS INTERNATIONAL Employment Application

It is the policy of WTS INTERNATIONAL, INC. to offer equal employment opportunities to all qualified applicants and employees without regard to race, color, age, religion, sex, sexual orientation, national origin, marital status, disability, veteran status, or any other characteristic protected by law. This policy applies to all areas of employment, including recruitment, hiring, training and development, promotion, transfer, termination, layoff, compensation, benefits, and other terms, conditions and privileges of employment. Applicants are encouraged to request any reasonable form of accommodation that may be required to participate in the application process.

General Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: () _____ E-mail Address: _____

Date Available: _____ Desired Salary/Wage: \$ _____

Position Applied for: _____

WTS Facility Name: _____

If hired, can you provide evidence of your authorization to work in the U.S.? YES NO

If you are under age 18, please state your age.
The primary reason for this question is to address any child labor laws. If you are under the age of 18, appropriate working papers are required.

Have you ever applied or worked for this company before? YES NO If yes, when? _____

Have you ever been convicted of a felony within the past 7 years that has not been expunged, sealed, pardoned, annulled, statutorily eradicated or dismissed upon condition of probation? *(Do not disclose sealed or expunged records or expunged juvenile records, marijuana-related offenses more than two years old or referrals to, and participation in, any pre-trial or post-trial diversion program.)* YES NO

If YES, please describe the date, the nature of the crime and location. A criminal conviction will not necessarily be a bar to employment. Factors such as age at the time of the offense, type of offense and relevance to the job for which you are applying, seriousness of the offense, and rehabilitation will be taken into account.

What days are you available? Check all that apply: Sun Mon Tue Wed Thur Fri Sat

What shifts are you available? Check all that apply: Early Morning Morning Afternoon Evening

Are you able to work overtime as needed? Yes No

Educational Background

High School: _____ Address: _____

Did you graduate? YES NO Degree: _____

College: _____ Address: _____

Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

Did you graduate? YES NO Degree: _____

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Professional References (please list three)

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Employment History

(Please list all present and past employers during the past 5 years, beginning with the most recent. Please use additional pages as necessary. This section must be completed even if you have a resume.)

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

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Additional Skills and Training

List any relevant training, skills, and equipment you are proficient in

1. _____

2. _____

3. _____

(ALL Employees/Candidates MUST sign below)

I certify that all information on this application and any other material provided in conjunction with my application is true and complete and I understand that any misrepresentation or omission of information may disqualify me from employment consideration and will be considered justification for dismissal whenever discovered, if I am employed.

I hereby authorize WTS INTERNATIONAL, INC. to contact any persons, educational institutions, employers, and other organizations including, but not limited to those named herein (and in your resume, if any) regarding any information contained herein or that may be relative to your employment, and I hereby consent to their providing job related or other relevant information about me and release the company from any damage or liability that may arise from the utilization of such information.

I understand that if I am hired, I will be required to conform to each of the policies and procedures maintained by WTS INTERNATIONAL, INC. Further, I understand that WTS INTERNATIONAL, INC. follows an "employment at-will" policy, and that in the event I am hired, I or WTS INTERNATIONAL, INC. may terminate the employment relationship at any time, for any reason, with or without prior notice, and that this "employment at-will" policy cannot be changed unless the change is specifically authorized in writing by the president of WTS INTERNATIONAL, INC. I further understand that this application is not a contract of employment, or a contract with respect to the terms of employment.

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.00.

Signature: _____ Date: _____

MUST BE COMPLETED BY THE MANAGER

This application and the pre-employment screening disclosure form must be completed and faxed to the corporate office HR fax at 240-430-2388 at least 5 -10 BUSINESS DAYS BEFORE the applicant may begin a position with WTS.

Is this a management position?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is this a full time position?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will this position be working with children?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is this a massage therapist position?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is this an esthetician position?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

IF YES IS CHECKED FOR ANY ITEM ABOVE, PLEASE HAVE THE CANDIDATE CALL INFOLINK AT 800-990-4473 X 2321 (reference ID#CNS244B) AFTER 2 BUSINESS DAYS TO VERIFY THEIR YEAR OF BIRTH.

For residents of, or for jobs located in, California, Maine, Massachusetts, Minnesota, New Jersey, New York, Oklahoma and Washington, you may request a free copy of any background check report by checking the box below.

I request a free copy of the report.

STATE LAW NOTICES:

If you live in, or are seeking work for the Company in California, Maine, Massachusetts, New York, or Washington State, note:

CALIFORNIA: You may view the file that the Consumer Reporting Agency has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by going to the Consumer Reporting Agency's offices, during normal business hours and on reasonable notice, or by mail. You may also ask for a file summary by telephone. The Consumer Reporting Agency can answer questions about information in your file, including any coded information. If you go in person, another person can come with you, so long as that person can show proper identification.

MAINE: If you ask us, you have the right to know whether the Company ordered a background check report on you. You may request the name, address, and telephone number of the nearest office for the Consumer Reporting agency. We will send this information to you within five business days of our receipt of your request. You have the right to ask the Consumer Reporting Agency for the report.

MASSACHUSETTS: If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a copy.

NEW YORK: If you submit a written request, you have the right to know whether the Company ordered a background check on you from the Consumer Reporting Agency. You may inspect and order a copy by contacting the Consumer Reporting Agency. If you have previously been convicted of one or more criminal offenses and are denied employment, you may request that the Company provide a written statement setting forth the reasons for such denial. The Company must provide the written statement within thirty (30) days of your request.

WASHINGTON STATE: You have the right, upon written request made within a reasonable time frame after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of any "investigative" consumer report we may have requested. You also have the right to request from the Consumer Reporting Agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your credit worthiness, credit standing, or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

Candidate Release Authorization

- I. In connection with my application for employment or continued employment at WTS International, I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with reasons for termination of past employment. I understand that to the extent permitted by applicable law and as directed by company policy and consistent with the job described, the Company may be requesting information from public and private sources about me, including but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers' compensation injuries, driving record, drug testing results. If company policy requires and to the extent permitted by law, I am willing to submit to alcohol and/or drug testing to detect the use of alcohol or drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the federal Americans with Disabilities Act (ADA) and/or any other applicable state or local laws and only after a conditional job offer is made.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies. In the event that an agency or record source requires an alternative release form or additional identifying characteristics in order to release the requested information, I agree to provide the additional information and sign any additional release authorizations, if so requested by the Company.
- IV. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information. Applicants in Massachusetts, Minnesota, Oklahoma, New York, Maine, Washington, New Jersey and California: if you want a free copy of the report(s) ordered, check this box. The report(s) will be sent to you by the Consumer Reporting Agency listed here: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524. See attached Candidate Notice and Disclosure Form for other notices.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference, insurance company or other applicable record source contacted by WTS International or its agent, to furnish the information described in Section I.
- VI. If applicable, I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to WTS International. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. I understand that this information is confidential and will not be used for any other purposes. I hereby release the employer, its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively and all persons, agencies, and entities providing information or reports about me from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name. Last First Middle

Please print other names you have used (maiden name, surname, alias name).

Current Address City State Zip Code

(FOR IDENTIFICATION PURPOSES ONLY) Social Security Number Date of Birth

A number of states, including but not limited to, AL, AR, FL, GA, IA, IL, IN, KS, MI, MN, MO, NE, NV, NH, PA, SC, TX, VA, WA, WV, and WI, require additional identifying characteristics in order to complete a criminal records search. For that purpose only, please provide the following:

Sex: Male Female Race: Asian Black or African American White Hispanic or Latino Other

Driver's License Number State Issuing License Name as it appears on license.

I CERTIFY THAT THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT FALSE INFORMATION, MISREPRESENTATIONS AND OMISSIONS MAY DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR, IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE DISCIPLINED, UP TO AND INCLUDING TERMINATION.

Signature Today's Date

**Social Security Administration
Authorization for the Social Security Administration (SSA)
To Release
Social Security Number (SSN) Verification**

Printed Name _____ Date of Birth _____ SSN _____

I am conducting the following business transaction

Pre-employment or employment background check

with the following company ("the Company"):

WTS International, Inc. 3200 Tower Oaks Boulevard, Suite 400, Rockville, MD 20852

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:

**ADP Screening and Selection Services, Inc.
301 Remington St., Fort Collins, CO 80524**

I am the individual to whom the Social Security number was issued or that person's legal guardian. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for _____ days from the date signed. _____ (Please initial.)

Signature _____ Date Signed _____

Contact information of individual signing authorization:

Address _____

City/State/Zip _____

Phone Number _____

Form SSA-89

Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send to this address only comments relating to our time estimate, not the completed form

-----TEAR OFF-----

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other Things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit

<http://www.ssa.gov/bso/cbsvPDF/agreement.pdf>