



Please answer all questions. Resumes are not a substitute for a completed application.

We are an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, or any other category protected by applicable federal, state, or local laws.

THE ADVANCING SIGHT NETWORK IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, AEB MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Position Applied For \_\_\_\_\_ Name \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Alternate or Cellular Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

If You Prefer E-mail Notification \_\_\_\_\_

Present Address \_\_\_\_\_ How Long Have You Lived There \_\_\_\_\_ / \_\_\_\_\_  
*(Street, Apt. or Unit No./City/State/Zip)*

Previous Address \_\_\_\_\_ How Long Have You Lived There \_\_\_\_\_ / \_\_\_\_\_  
*(Street, Apt. or Unit No./City/State/Zip)*

Desired Salary / Hourly Rate \_\_\_\_\_ Type of Employment Desired?  Full-time  Part-time (Specify Hours) \_\_\_\_\_  
 Part-time-On Call

Are You Willing To Work Overtime?  Yes  No

Date On Which You Can Start Work If Hired? \_\_\_\_\_

Are you available for work on weekends? \_\_\_\_\_

Are you available to work on holidays? \_\_\_\_\_

Days of week you are available to work: \_\_\_\_\_

Hours you are available to work: \_\_\_\_\_

Are you available to be on-call? \_\_\_\_\_

Are you available to work nights? \_\_\_\_\_

Are you able to travel on company business? \_\_\_\_\_

% of time willing to travel: \_\_\_\_\_

Have you ever been charged, plead guilty or no contest to, or been convicted of any criminal offense (felony or misdemeanor)?  
 Yes  No

Have you ever been arrested for any matters for which you currently are out on bail or on your own recognizance pending trial?  
 Yes  No

CRIMINAL OFFENSES ONLY: If you answered Yes, to either of the above two questions, please provide the date(s) and explain so that individual circumstances can be considered. \_\_\_\_\_

Have you ever initiated an act of violence in the workplace?  Yes  No

If Yes, please provide the date(s) and explain so that individual circumstances can be considered. (A "Yes" answer will not necessarily disqualify you from employment.) \_\_\_\_\_

Education	School Name and Location (Address, City, State)	Course of Study	Graduate?	# of Years Completed	Degree / Major
High School					
College					
Bus./Tech./Trade or Post College					
Certifications (on the job)					

Honors Received \_\_\_\_\_

If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

## WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or last employer listed first. Account for ALL periods of time including any period of unemployment. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment.

### EMPLOYER 1

Name \_\_\_\_\_ Address \_\_\_\_\_ Type of Business \_\_\_\_\_  
(Street, Apt. or Unit No./City/State/Zip)  
 Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Job Title \_\_\_\_\_ Duties \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ May we contact?  Yes  No If No, why not? \_\_\_\_\_  
 Wages Start \_\_\_\_\_ Final \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 What will this employer say was the reason your employment terminated? \_\_\_\_\_  
 How much notice did you give when resigning? If none, explain. \_\_\_\_\_

### EMPLOYER 2

Name \_\_\_\_\_ Address \_\_\_\_\_ Type of Business \_\_\_\_\_  
(Street, Apt. or Unit No./City/State/Zip)  
 Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Job Title \_\_\_\_\_ Duties \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ May we contact?  Yes  No If No, why not? \_\_\_\_\_  
 Wages Start \_\_\_\_\_ Final \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 What will this employer say was the reason your employment terminated? \_\_\_\_\_  
 How much notice did you give when resigning? If none, explain. \_\_\_\_\_

### EMPLOYER 3

Name \_\_\_\_\_ Address \_\_\_\_\_ Type of Business \_\_\_\_\_  
(Street, Apt. or Unit No./City/State/Zip)  
 Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Job Title \_\_\_\_\_ Duties \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ May we contact?  Yes  No If No, why not? \_\_\_\_\_  
 Wages Start \_\_\_\_\_ Final \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 What will this employer say was the reason your employment terminated? \_\_\_\_\_  
 How much notice did you give when resigning? If none, explain. \_\_\_\_\_

## WORK EXPERIENCE - continued

Please fully explain all gaps in your employment history in excess of one month.

---

---

Have you ever been terminated or asked to resign from any job?  Yes  No If Yes, how many times? \_\_\_\_\_

Has your employment ever been terminated by mutual agreement?  Yes  No If Yes, how many times? \_\_\_\_\_

Have you ever been given the choice to resign rather than be terminated?  Yes  No If Yes, how many times? \_\_\_\_\_

If you answered Yes to any of the above three questions, please explain the circumstances of **EACH** occasion.

---

---

## REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

Name	Position	Company	Work Relationship (i.e., supervisor, co-worker)	Telephone

Please list the names of personal references (not previous employers or relatives) who know you well that we may contact.

Name	Occupation	Address	Telephone	Number of Years Known

## APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that ASN may now have, or may establish, a drug-free workplace or drug and /or alcohol testing program consistent with applicable federal, state, and local law. If ASN has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of ASN, pursuant to ASN's policy and federal, state, and local law, may be subject to urinalysis and blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with ASN's policies and applicable federal, state, and local law.

If employed by ASN, I understand and agree that ASN, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent of permitted by federal, state and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

**APPLICANT CERTIFICATION - continued**

**THE ADVANCING SIGHT NETWORK IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, AEB MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF AEB IS AUTHORIZED TO ENTER INTO AN AGREEMENT - EXPRESS OR IMPLIED - WITH YOU OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE ADVANCING SIGHT NETWORK.**

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT AEB HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT I WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize ASN or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to ASN or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability ASN and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by ASN, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by ASN. I also understand ASN employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**COMPANY NAME: ADVANCING SIGHT NETWORK**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

Advancing Sight Network may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. These reports may include checks regarding your criminal history, social security trace, motor vehicle records ("driving records"), employment and education references, professional licenses and credentials. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. These reports may contain information regarding your use of social media, and other publicly accessible information. Social media includes, but is not limited to, social networking websites, professional networking websites, blogs, and other on-line media. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Employment Screening Services, 1401 Providence Park, Birmingham Alabama 35242, 866-859-0143 or another outside organization. The scope of this disclosure and authorization is all-encompassing, however, allowing Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. Advancing Sight Network also reserves the right to share background investigation results with third-party companies for whom you will be placed to work with as a representative of employer. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by ESS, another outside organization acting on behalf of Advancing Sight Network. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: 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.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**APPLICANT INFORMATION: TO BE COMPLETED BY APPLICANT: PLEASE USE BLACK INK**

\* This information will be used for background screening purposes only and no other purpose.

\_\_\_\_\_  
Print Name (Last, First, Middle Initial)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Drivers License No/State

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Current Address (City, State, Zip)

Previous 1) \_\_\_\_\_  
Previous Address (past 7 years) City, State, Zip

Previous 2) \_\_\_\_\_  
Previous Address (past 7 years) City, State, Zip

Alias Names) \_\_\_\_\_  
Other names that I have gone by

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051