

Dear Applicant,

Thank you for taking the time to fill out and submit an employment application for a position with our Company.

Attached to this acknowledgement letter you will find (3) documents:

- 1) **Employment Application Form** – Please complete this form out in its entirety, including the signature section on the last page. This application form will provide us with all of the necessary information we need to accurately assess your qualifications for the position that you are apply for.
- 2) **FCRA Disclosure And Authorization Statement** – This document provides you, the applicant, with information about part of the applicant review process regarding a consumer/investigative report that we may obtain or have prepared. This document will need to be completed, including the signature section, and turned in with the completed Employment Application Form.
- 3) **A Summary of Your Rights Under the Fair Credit Reporting Act** – This document will provide you with a summary of your rights regarding the FCRA, and will explain the Company's obligation to provide you with a notice of adverse action if your application is denied due to information obtained from a consumer/investigative consumer report along with the name, address and phone number of the Consumer Reporting Agency that furnished the report, along with additional information about your rights under this act.

Upon completion of the New Applicant Packet please return it to the Human Resources Department for review. For your convenience you can submit the completed packet by any of the following (3) modes of communication:

- 1) **Fax** – (407) 365-7944 ATTN: Human Resources Department
- 2) **Mail** – 3100 Camp Road, Oviedo, FL 32765 ATTN: Human Resources Department
- 3) **Email** – HumanResources@i-consystems.com

If you have any questions in regards to the Employment Application process please contact the Human Resources Department.

Again, thank you for your interest in I-CON Systems, Inc. and we look forward to receiving your application.

Regards,

I-CON Systems, Inc.

**PERSONAL INFORMATION**Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Middle) (MM) (DD) (YYYY)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Are You Under 18?  Yes  No

Are you a U.S. Citizen, permanent resident alien, or otherwise authorized to work in the U.S?

 Yes  No**POSITION INFORMATION** Full Time  Part-Time  Seasonal  Other \_\_\_\_\_

Position You Are Applying For: \_\_\_\_\_ Desired Pay Range: \_\_\_\_\_

Available Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Are You Currently Employed:  Yes  No  
(MM) (DD) (YYYY)

How did you find out about the position you are applying for?

 Online Job Posting

Website: \_\_\_\_\_

 Employee ReferralName of Employee: \_\_\_\_\_  
(Last) (First) Other: \_\_\_\_\_

<b>EDUCATION</b> <i>Select All That Apply</i>	
<input type="checkbox"/> High School Name of School: _____	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Trade School/Specialized Training: Name of School: _____ Field of Specialization: _____	
Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> College/University(Undergraduate)	
Name of School: _____	Field of Study: _____
Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, estimated graduation date: _____ / _____ <small>(MM) (YYYY)</small>
Level of Degree: <input type="checkbox"/> A.A. <input type="checkbox"/> A.S. <input type="checkbox"/> B.A. <input type="checkbox"/> B.S. <input type="checkbox"/> Other: _____	
<input type="checkbox"/> College/University(Graduate)	
Name of School: _____	Field of Study: _____
Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, estimated graduation date: _____ / _____ <small>(MM) (YYYY)</small>
Level of Degree: <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other: _____	

<b>PREVIOUS EMPLOYMENT</b>	
Company Name: _____	
Street Address: _____	City: _____
State: _____	Zip/Postal Code: _____
Telephone Number: (____) _____ - _____	
Start Date: _____ / _____ / _____ <small>(MM) (DD) (YYYY)</small>	End Date: _____ / _____ / _____ <small>(MM) (DD) (YYYY)</small>
Position Title: _____	
Primary Responsibilities: _____ _____	
Direct Supervisor: _____	Title: _____
If currently employed, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM) (DD) (YYYY) End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM) (DD) (YYYY) Position Title: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM) (DD) (YYYY) End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM) (DD) (YYYY) Position Title: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM) (DD) (YYYY) End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM) (DD) (YYYY) Position Title: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

**Additional Information**

State any additional information you feel may be helpful to us in considering your application. This could include any specialized training or courses you have completed that will aid in evaluating your qualifications for the position you are seeking (example: If applying for a clerical position, note training such as word processing, typing, calculator, computer, hardware, software, etc.). Please include grade or

other indicator of achievement, such as words per minute typed. You should feel free to attach a resume.

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**CRIMINAL AND INTENTIONAL TORT BACKGROUND IN COMPLIANCE WITH  
FLA. STAT. 768.096**

**Please note that answering Yes to any of the following will NOT automatically eliminate you from being considered for employment.**

1. Have you ever been convicted of a crime?  Yes  No
2. If yes, how many times? \_\_\_\_\_
3. If yes, please list the following for each conviction:
  - a. Crime convicted of and details of crime: \_\_\_\_\_  
\_\_\_\_\_
  - b. Date of conviction: \_\_\_\_\_
  - c. Penalty imposed: \_\_\_\_\_
  - d. Location of crime (city, state, county): \_\_\_\_\_
4. Have you ever been named as a defendant in a civil action for an intentional tort (intentional torts include, but are not limited to: assault, battery, conversion (theft), false imprisonment, trespass, fraud, invasion of privacy, intentional infliction of emotional distress and defamation (libel or slander)).  Yes  No
5. If yes, how many times have you been named a defendant? \_\_\_\_\_
6. If yes, please list the following for each time you have been named a defendant:
  - a. Type of tort (assault, fraud, etc.) and details of claim: \_\_\_\_\_  
\_\_\_\_\_
  - b. Disposition of claim (e.g., settled before trial or party who prevailed at trial)  
\_\_\_\_\_

**REFERENCES**

*Please provide business or school references that I-CON may contact regarding your application. Do not include relatives.*

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company/School: \_\_\_\_\_

Phone Number: (    )    -         Email Address: \_\_\_\_\_

Name: _____	Title: _____
Company/School: _____	
Phone Number: (    )    -         Email Address: _____	
Name: _____	Title: _____
Company/School: _____	
Phone Number: (    )    -         Email Address: _____	

<b>APPLICANT RELEASE AND ACKNOWLEDGEMENT</b>
<p>I understand that I-CON Systems, Inc. (hereinafter referred to as the Company) requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. Therefore, I authorize the Company to investigate my past employment, educational credentials, and other employment-related activities. I agree to cooperate in such investigations and release those parties supplying such information to the Company from all liability or responsibility with respect to information supplied.</p> <p>I agree that the Company may use the information it obtains concerning me in the conduct of its business. I understand that such use may include disclosure outside the Company in those cases where its agents and contractors need such information to perform their functions, where their company's legal interests and/or obligations are involved, or where there is a medical emergency involving me. I understand, however that the Company intends to protect the confidentiality of personal information it obtains concerning me to the extent required by law.</p> <p>I agree that I will not disclose or use while interviewing with or employed with I-CON Systems, Inc. any confidential or proprietary information of others, including any former employer. I understand that any employment with the Company would not be for any fixed period of time and that, if employed, I may resign at any time, for any reason, or the Company may terminate my employment at any time for any reason in the absence of a specific written agreement to the contrary. I understand that my employment-at-will status may not be modified or changed except in writing and signed by a duly authorized officer of the Company.</p> <p>I understand that any false answers or statements made by me on this application, any supplement thereto or in connection with the above mentioned investigations may be grounds for refusal of employment, invalidate my employment or, if employed, will be sufficient grounds for immediate discharge and render me ineligible for any Company benefits.</p> <p>My signature below acknowledges that I have read, understand, and agree to the terms of the entire application.</p>
<p>Applicant's Signature: _____ Date: _____ / _____ / _____  <small>(MM) (DD) (YYYY)</small></p>

Applicants Name (Please Print): \_\_\_\_\_

**Note: Please Submit Resume If Available**



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## FCRA DISCLOSURE AND AUTHORIZATION STATEMENT

**All applicants for employment:** Please read carefully before signing below

As part of its employment application process, I understand that I-CON Systems, Inc. may obtain or have prepared a consumer/investigative consumer report concerning my prior employment, military record, education, credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, criminal background, or mode of living.

I understand that upon written request to I-CON Systems, Inc., I will be informed whether an investigative consumer report was requested, and given full information as to the nature and scope of such investigation. I understand that an investigative consumer report is a report in which information regarding my character, general reputation, personal characteristics, or mode of living, is obtained through personal interviews with neighbors, friends, or associates with whom I am acquainted.

By signing below, I authorize I-CON Systems, Inc. to obtain a consumer/investigative consumer report on me as part of its pre-employment background investigation process. If I am offered employment by I-CON Systems, Inc., I further authorize I-CON Systems, Inc. to obtain additional consumer/investigative consumer reports on me for employment purposes at any time during my employment.

By signing below, I also acknowledge that I-CON Systems, Inc. has provided me with a summary of my rights under the federal Fair Credit Reporting Act.

Name of Applicant (please print): \_\_\_\_\_

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

Date: \_\_\_\_\_

## 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 12 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 \$8.00.
- **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 reinstated 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 have 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 7 years old; 10 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 perspective 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 2 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:

<b>FOR QUESTIONS OR CONCERNS REGARDING:</b>	<b>PLEASE CONTACT:</b>
CRAs, 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

<p>Savings associations and Federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)</p>	<p>Office of Thrift Supervision          Consumer Programs          Washington, DC 20552          800-842-6929</p>
<p>Federal credit unions (words “Federal Credit Union” appear in institutions name)</p>	<p>National Credit Union Administration          1775 Duke Street          Alexandria, VA 22314          703-518-6360</p>
<p>State-chartered banks that are not members of the Federal Reserve System</p>	<p>Federal Deposit Insurance Corporation          Division of Compliance &amp; Consumer Affairs          Washington, DC 20429          800-934-FDIC</p>
<p>Air, surface, or rail common carriers regulated by former Civil Aeronautics Board of Interstate Commerce Commission</p>	<p>Department of Transportation          Office of Financial Management          Washington, DC 20590          202-366-1306</p>
<p>Activities subject to the Packers and Stockyards Act. 1921</p>	<p>Department of Agriculture          Office of Deputy Administrator - GIPSA          Washington, DC 20250          202-720-7051</p>

U.S. Department of Energy

**FAIR CREDIT REPORTING ACT AUTHORIZATION**

**OMB Burden Disclosure Statement**

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Information, Records, and Resource Management, HR-41 - GTN, Paperwork Reduction Project (1910-1800), U.S. Department of Energy, Washington, DC 20874-1290; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-1800), Washington, DC 20503

**Fair Credit Reporting Act of 1970, as amended**

**PLEASE TAKE NOTICE** THAT ONE OR MORE CONSUMER CREDIT REPORTS MAY BE OBTAINED FOR EMPLOYMENT PURPOSES PURSUANT TO THE FAIR CREDIT REPORTING ACT, AS AMENDED, 15 U.S.C. § 1681, *ET SEQ.* SHOULD A DECISION TO TAKE ANY ADVERSE ACTION AGAINST YOU BE MADE, BASED EITHER IN WHOLE OR IN PART ON THE CONSUMER CREDIT REPORT, THE CONSUMER REPORTING AGENCY THAT PROVIDED THE REPORT PLAYED NO ROLE IN THE DECISION OF THE DEPARTMENT OF ENERGY TO TAKE SUCH ADVERSE ACTION.

Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with an investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal Government and/or (3) security clearance or access authorization eligibility. The information obtained may be redisclosed to other Federal agencies for the above purposes and in fulfillment of official responsibilities to the extent that such disclosure is permitted by law.

I hereby authorize the Department of Energy to obtain such report(s) from any consumer/credit reporting agency.

<hr/>	
(Print Name)	(SSN)
<hr/>	
(Signature)	(Date)

**Privacy Act Information Statement**

Collection of the information requested is authorized under Executive Order 12968, "Access to Classified Information." Completion of this form is voluntary, however, your decision not to complete this form may result in the discontinuation of processing your case for access authorization (security clearance) or the termination of your current access authorization. This form will be made a permanent part of your DOE Personnel Security File (PSF). Access to your PSF within the DOE and by other individuals is permitted as stipulated in DOE-472.1 and as listed as Routine Uses in Appendix B to System of Records, DOE-43, "Personnel Security Clearance Files." A copy of this signed form will be provided to you at your verbal or written request. You must designate the address to which a copy of the form is to be sent.