

**APPLICATION FOR EMPLOYMENT**  
**(NETC, LLC and Commonwealth Financial Systems, Inc.)**  
*An Equal Opportunity and Affirmative Action Employer*

NETC, LLC. and Commonwealth Financial Systems, Inc are equal opportunity employers. We do not discriminate on the basis of sex, age, race, color, religion, marital status, national origin, ancestry, disability, or veteran status or any other legally protected category.

**PERSONAL:**

Today's Date:

Last Name:	First Name:	Middle Initial:
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Street Address:	City:	State:	Zip:
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Home Email:	Work Email:	Other Email:
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Home Phone:	Work Phone:	Cell Phone:
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Have you ever applied for employment with this company?:  Yes  No

Have you ever been employed by NETC, LLC, or Commonwealth Financial Systems, Inc. ?  Yes  No  
 Company? Position held?

If Yes, reason for leaving employment?

Position(s) desired:	Pay expected: \$
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Type of employment desired:  Full Time  Part Time  Summer  Internship

When could you begin working?

Referral source:  Internet Posting  Print Advertisement  Agency  Job Fair  Other

Were you referred by an existing employee: <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please specify whom:
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Are you authorized to work for any employer in the US?:  Yes  No

Do you speak any other languages fluently?  Yes  No If yes which ones?

List any special licenses or certifications that you hold that you believe would help you do the job applied for:

Do you have transportation to and from work: <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work overtime if required?: <input type="checkbox"/> Yes <input type="checkbox"/> No
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**EDUCATION:**

HIGH SCHOOL & Mailing Address:	Degree/ Discipline:	
	Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year:
	Name Under Which Enrolled/ Degree Obtained:	

UNDERGRADUATE or TRADE SCHOOL & Mailing Address:	Degree/ Discipline:	
	Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year:
	Name Under Which Enrolled/ Degree Obtained:	

GRADUATE SCHOOL & Mailing Address:	Degree/ Discipline:	
	Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year:
	Name Under Which Enrolled/ Degree Obtained:	

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**MILITARY:**

Please indicate type of discharge and dates of service:

OTHER COMMENTS: Exclude information that may disclose your race, color, religion, gender, national origin, ancestry, age mental or physical disability, or membership in any other legally protected class:

**EMPLOYMENT HISTORY:** Please give an accurate and complete listing of all full-time and part-time employment. Start with present or most recent employment.

PRESENT EMPLOYER & Mailing Address:	Title:		
	Dates of Service:	Start:	Finish:
	Compensation:	Start:	Finish:
	Reason for Leaving:		
	Supervisor's Name:		Phone:

FORMER EMPLOYER & Mailing Address:	Title:		
	Dates of Service:	Start:	Finish:
	Compensation:	Start:	Finish:
	Reason for Leaving:		
	Supervisor's Name:		Phone:

FORMER EMPLOYER & Mailing Address:	Title:		
	Dates of Service:	Start:	Finish:
	Compensation:	Start:	Finish:
	Reason for Leaving:		
	Supervisor's Name:		Phone:

OTHER COMMENTS. List any job-related experiences, special training, skills, apprenticeships, internships, etc:

**FORMER U.S. GOVERNMENT RELATIONSHIPS:**

I am not restricted by any federal law or federal regulation regarding the post-government employment activities of former federal government employees or the condition upon which current federal government employees may seek post-government employment:

True     
  False     
  Unsure – Please Explain

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**CONVICTIONS:**

During the last fifteen (15) years (or since you were 18 years of age, whichever period is shorter), have you been convicted of a misdemeanor or a felony, other than minor traffic violations, or convicted in a military court-martial?     No                       Yes

If yes, state the crime, the date of conviction, and State and County of conviction. Do not include convictions that have been sealed, expunged or statutorily eradicated. A conviction will not necessarily disqualify any applicant. Please use back if you need additional space.

**PROFESSIONAL REFERENCES:**

Name & Mailing Address:	Current Title:
	Current Employer:
	Current Phone/ Email:
	# of Years Known:
Name & Mailing Address:	Current Title:
	Current Employer:
	Current Phone/ Email:
	# of Years Known:
Name & Mailing Address:	Current Title:
	Current Employer:
	Current Phone/ Email:
	# of Years Known:

**APPLICANT'S STATEMENT AND AUTHORIZATION:**

Applicant should read carefully before signing. Applicant will not be considered unless this Statement is signed.

I hereby certify that the information contained in this application (including that which appears on any resume I have attached), as well as that which was discussed during the course of interviews is true, correct and complete to the best of my knowledge. I understand that false information or omissions on the application, resume and/or during the interview process may disqualify me from further consideration for employment or be grounds for immediate termination

I understand that the company provides reasonable accommodations to applicants and employees with disabilities, and I understand that I am expected to contact my recruiter or other Human Resources representative to specify any accommodations I may need during the interview process.

I understand and agree that my employment is not for a fixed period of time and is terminable at-will by either the company or me. While other terms and conditions of the employment relationship may change from time to time, the at-will relationship cannot be changed unless approved in writing by an officer of the company.

If hired, I authorize the company to deduct from my wages any amounts which may be due it as a result of overpayment of wages, loss or destruction of its property or any other amounts which I may lawfully owe or for which I have received full consideration.

The company is hereby authorized to make any investigation of my personal history and financial and credit record through any investigation or credit agencies or bureaus of your choice.

This application is current for only sixty (60) days. At the conclusion of this time, if I have not heard from NETC, LLC. And Commonwealth Financial Systems, Inc. and still wish to be considered for employment, it will be necessary for me to fill out a new application.

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

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To assist Commonwealth Financial Systems in its Affirmative Action commitment, we ask all persons to **voluntarily provide the following information**. This information will be kept confidential and used for statistical purposes only. Your assistance in providing this information is appreciated.

**INVITATION TO SELF-IDENTITY:**

**Gender**

- Female       Male

**Race / Ethnic Origin**

- White – Not of Hispanic Origin. All persons having origins in any of the original people of Europe or the Middle East.
- Black – Not of Hispanic Origin. All persons having origins in any of the Black racial groups of Africa.
- Asian or Pacific Islander – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippines Islands, and Samoa.
- Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- American Indian or Alaskan native – All persons having origins in any of the original people of North America, and who maintain cultural identification through tribal affiliation or community recognition.

**Veteran Status** (see definitions below)

- Not a Veteran
- Veteran
- Vietnam Veteran
- Vietnam and other Eligible Veteran
- Disabled Veteran
- Disabled Vietnam Veteran
- Disabled Vietnam Veteran and other Eligible Veteran
- Other Eligible Veteran

Veteran of the Vietnam Era - A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and who was discharged or released there from with other than a dishonorable discharge, or was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 – and May 7, 1975.

Disabled Veteran – A person entitled to disability compensation under the laws administered by the Veterans Administration for a disability rated at 30% or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Other Eligible – A person who served on active duty for a period of more than 180 days, any part of which occurred during any campaign or expedition for which a campaign button has been authorized.