



# SPECTRA

## EMPLOYMENT APPLICATION

**SPECTRAEXPERIENCES.COM**

\_\_\_\_\_  
*LAST NAME*

\_\_\_\_\_  
*FIRST NAME*

\_\_\_\_\_  
*MIDDLE INITIAL*

\_\_\_\_\_  
*POSITION APPLIED FOR*

\_\_\_\_\_  
*PART-TIME OR FULL-TIME*

\_\_\_\_\_  
*DATE COMPLETED*

**SPECTRA IS AN EQUAL OPPORTUNITY EMPLOYER**



IT IS THE POLICY OF SPECTRA TO PROVIDE EQUAL EMPLOYMENT OPPORTUNITIES TO ALL INDIVIDUALS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, AGE, NATIONAL ORIGIN OR ANCESTRY, CITIZENSHIP, DISABILITY, SEXUAL ORIENTATION, MARITAL STATUS, VETERAN STATUS, OR ANY OTHER BASIS PROTECTED BY FEDERAL, STATE OR LOCAL LAWS. ALSO, TO THE EXTENT REQUIRED BY LAW, EQUAL EMPLOYMENT OPPORTUNITIES WILL BE PROVIDED TO ALL INDIVIDUALS REGARDLESS OF ANY PERCEPTION THAT THE INDIVIDUAL HAS A PROTECTED CHARACTERISTIC, OR ASSOCIATES WITH A PERSON WHO HAS OR IS PERCEIVED AS HAVING ANY PROTECTED CHARACTERISTICS.

|                    |              |                 |            |
|--------------------|--------------|-----------------|------------|
| <hr/>              |              |                 |            |
| (Last Name)        | (First Name) | (Middle Name)   |            |
| <hr/>              |              |                 |            |
| (Address)          | (City)       | (State)         | (Zip Code) |
| <hr/>              |              |                 |            |
| (Telephone Number) |              | (Email Address) |            |
| <hr/>              |              |                 |            |

Is there any other name under which you have employment or education records? ☐ Yes ☐ No

If yes, indicate name records are listed under: \_\_\_\_\_

Can you, within three (3) days after employment, submit documentation verifying that you are legally eligible to work in the United States? ☐ Yes ☐ No

How did you learn about us? \_\_\_\_\_

Are you related to any employee of the company? ☐ Yes ☐ No

If yes, Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Have you ever worked for Spectra or any of our partner companies before? ☐ Yes ☐ No

Date(s): \_\_\_\_\_ to: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

*Applicants under the age of 18 will not be considered for full-time employment.*

**EDUCATION:** (May or may not be considered depending on job applied for.)

Describe any educational degrees, skills, training or experience you believe are relevant:

Do you possess a High School diploma or GED certificate: ☐ Yes ☐ No

|                    |        |                 |                           |
|--------------------|--------|-----------------|---------------------------|
| <hr/>              |        |                 |                           |
| College/University | Degree | Course of Study | Number of years completed |
| <hr/>              |        |                 |                           |
| Graduate School    | Degree | Course of Study | Number of years completed |
| <hr/>              |        |                 |                           |



# SPECTRA

**DAYS AVAILABLE:** (Check appropriate box)

|    | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----|--------|--------|---------|-----------|----------|--------|----------|
| AM |        |        |         |           |          |        |          |
| PM |        |        |         |           |          |        |          |

Are there any days, shifts or hours you will not work? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Please list your minimum salary requirements: \_\_\_\_\_

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**EMPLOYMENT HISTORY:** Please complete for full time/part-time employment.

Company Name: \_\_\_\_\_ Telephone Number: (     ) \_\_\_\_\_

Address: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact? ☐ Yes ☐ No

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Company Name: \_\_\_\_\_ Telephone Number: (     ) \_\_\_\_\_

Address: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact? ☐ Yes ☐ No

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Company Name: \_\_\_\_\_ Telephone Number: (     ) \_\_\_\_\_

Address: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact? ☐ Yes ☐ No

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**REFERENCES:** Please list three (3) employment references. Please list at least one (1) supervisor.

\_\_\_\_\_  
(     )  
Name Organization/Company Name Telephone

\_\_\_\_\_  
(     )  
Name Organization/Company Name Telephone

\_\_\_\_\_  
(     )  
Name Organization/Company Name Telephone



**APPLICANT'S ACKNOWLEDGMENT** *(Please read carefully and sign.)*

I CERTIFY THAT THE INFORMATION I HAVE GIVEN HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY MISREPRESENTATION, OMISSIONS OF FACTS OR INCOMPLETE ANSWERS IN ANY APPLICATION DOCUMENT WILL DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT. I FURTHER UNDERSTAND THAT, IF EMPLOYED, ANY MISREPRESENTATIONS OR OMISSIONS OF FACTS IN ANY APPLICATION DOCUMENT WILL BE CAUSE FOR MY IMMEDIATE DISMISSAL.

I UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT WITH THE EMPLOYER IS NOT FOR A SPECIFIC TERM AND MAY BE TERMINATED BY ME OR THE EMPLOYER WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME, UNLESS I AM OTHERWISE COVERED BY A COLLECTIVE BARGAINING AGREEMENT. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOMER BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE EMPLOYER'S PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE EMPLOYER, OTHER THAN A COLLECTIVE BARGAINING AGREEMENT TO WHICH I AM SUBJECT.

I AUTHORIZE INVESTIGATION OF ALL MATTERS OUTLINED IN THIS APPLICATION. I HEREBY GIVE THE COMPANY AND/OR ITS DESIGNATED SUBSCRIBER PERMISSION TO CONTACT PREVIOUS EMPLOYERS, DOCTORS, MEDICAL PROVIDERS, REFERENCES, AND TO CONDUCT INVESTIGATIVE BACKGROUND INQUIRES ON ME INCLUDING CONSUMER CREDIT, CRIMINAL CONVICTIONS, MOTOR VEHICLE AND OTHER REPORTS FROM VARIOUS FEDERAL, STATE AND OTHER AGENCIES THAT MAINTAIN RECORDS RELATED TO THE ABOVE MENTIONED ITEMS, AS WELL AS, CLAIMS RECORDS ON FILE AT INSURANCE COMPANIES. I HEREBY RELEASE THE COMPANY AND ANY PERSON GIVING OR RECEIVING ANY SUCH INFORMATION FOR ANY PURPOSE RELATED TO MY EMPLOYMENT FROM ANY LIABILITY AS A RESULT OF SUCH CONTACTS. INFORMATION REGARDING CREDIT HISTORY AND DRIVING HISTORY WILL NOT BE INQUIRED INTO UNLESS IT IS NECESSARY AND DIRECTLY RELATED TO THE JOB APPLIED FOR IN THIS APPLICATION.

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*Applicant's Signature*

*Date*



**SPECTRA**

**BACKGROUND CHECK AUTHORIZATION**

I authorize **GLOBAL SPECTRUM L.P. d/b/a SPECTRA** (*Legal Company Name of company placing order and using report*), and its parents, subsidiaries and affiliates ("the Company") to order my background check and/or consumer report, hereafter referred to as "background check". I understand that, as allowed by law, the Company may rely on this authorization to order additional background reports without asking me for my authorization again (1) during my employment, and (2) from any consumer reporting agency ("CRA").

To the extent allowed by law, I also authorize all of the following to disclose to the CRA and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; and any other person, organization, or agency with any information about or concerning me as the law otherwise allows. The information that can be disclosed to the CRA and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses, to the extent allowed by law.

Additional information about your rights has been provided to you with this Background Check Authorization. Please review it **BEFORE** you sign.

**Applicant Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**Alias or Other Used:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Date of Birth (for ID purposes only):** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **State of Issue:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date: (Month / Day / Year)**

**THE REMAINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK PLEASE PROCEED TO THE NEXT DOCUMENT: THE STATE NOTICE PERTAINING TO BACKGROUND CHECKS**



**Para informacion en espanol, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552.**

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

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).



- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

| TYPE OF BUSINESS  | CONTACT  |
|---|--|
| 1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.<br>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:  | a. Consumer Financial Protection Bureau<br>1700 G Street, N.W.<br>Washington, DC 20552<br><br>b. Federal Trade Commission: Consumer Response Center - FCRA<br>Washington, DC 20580<br>(877) 382-4357   |
| 2. To the extent not included in item 1 above:<br><br>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks<br><br>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act<br><br>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations<br><br>d. Federal Credit Unions | a. Office of the Comptroller of the Currency<br>Customer Assistance Group<br>1301 McKinney Street, Suite 3450,<br>Houston, TX 77010-9050<br><br>b. Federal Reserve Consumer Help Center<br>P.O. Box 1200<br>Minneapolis, MN 55480<br><br>c. FDIC Consumer Response Center<br>1100 Walnut Street, Box #11<br>Kansas City, MO 64106<br><br>d. National Credit Union Administration<br>Office of Consumer Protection (OCP)<br>Division of Consumer Compliance and Outreach (DCCO)<br>1775 Duke Street, Alexandria, VA 22314 |
| 3. Air Carriers   | Asst. General Counsel for Aviation Enforcement & Proceedings<br>Aviation Consumer Protection Division<br>Department of Transportation<br>1200 New Jersey Avenue, S.E.<br>Washington, DC 20590  |
| 4. Creditors Subject to the Surface Transportation Board  | Office of Proceedings, Surface Transportation Board<br>Department of Transportation<br>395 E. Street, S.W.<br>Washington, DC 20423   |
| 5. Creditors Subject to the Packers and Stockyards Act, 1921  | Nearest Packers and Stockyards Administration area supervisor  |
| 6. Small Business Investment Companies  | Associate Deputy Administrator for Capital Access<br>United States Small Business Administration<br>409 Third Street, SW, 8th Floor<br>Washington, DC 20416  |
| 7. Brokers and Dealers  | Securities and Exchange Commission<br>100 F St., N.E.<br>Washington, DC 20549  |
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations  | Farm Credit Administration<br>1501 Farm Credit Drive<br>McLean, VA 22102-5090  |
| 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above   | FTC Regional Office for region in which the creditor operates or<br>Federal Trade Commission: Consumer Response Center – FCRA<br>Washington, DC 20580<br>(877) 382-4357  |