

The SEPP Group, Inc.
Application for Employment

The SEPP Group, Inc. is an equal-opportunity employer and does not discriminate against otherwise qualified applicants based on any characteristics protected by law, including race, color, religion, age, sex, national origin, or disability.

PERSONAL:

Name: _____ Date: _____

Address: _____
 Number and Street City State ZIP

Position Sought: _____ Full-time Part-time

Date Available: _____ Salary Desired: _____

Phone Number: _____ Are you over 18 years old? Yes No

Are you legally eligible for employment in the United States? Yes No
(If offered employment, you will be required to provide documentation to verify eligibility.)

EDUCATION: Please indicate education/training that you believe qualifies you for the position you are seeking.

High School: Number of years completed (please circle one): 1 2 3 4

Diploma: Yes No GED: Yes No

High School Name: _____

City, State: _____

College and/or Vocational School: Number of years completed (please circle one): 1 2 3 4

School Name: _____ City, State: _____

Major/Concentration: _____ Degrees Earned: _____

Other Training or Degrees:

Name: _____ City, State: _____

Major: _____ Degree/Certificate Earned: _____

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s) Held: _____

Other Professional Memberships: _____

EMPLOYMENT: List last employer first, including US Military Service.

1. May we contact your employer? Yes No

If an employment was under a different name, indicate here: _____

Employer: _____ Address: _____

Telephone: _____ Position: _____

Dates of Employment: From _____ to _____

Salary: _____ Supervisor: _____ Department: _____

Duties: _____ Full-time Part-time

Reason for Leaving: _____

2. May we contact your employer? Yes No

If an employment was under a different name, indicate here: _____

Employer: _____ Address: _____

Telephone: _____ Position: _____

Dates of Employment: From _____ to _____

Salary: _____ Supervisor: _____ Department: _____

Duties: _____ Full-time Part-time

Reason for Leaving: _____

3. May we contact your employer? Yes No

If an employment was under a different name, indicate here: _____

Employer: _____ Address: _____

Telephone: _____ Position: _____

Dates of Employment: From _____ to _____

Salary: _____ Supervisor: _____ Department: _____

Duties: _____ Full-time Part-time

Reason for Leaving: _____

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

RECORD OF CONVICTION:

During the last 10 years, have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, explain: _____
(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as your age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)

REFERENCES:

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

3. Name: _____ Phone: _____

Address: _____

APPLICANT'S CERTIFICATION AND AGREEMENT:

“I hereby certify that the facts outlined in the above employment application are true and complete to the best of my knowledge, and I authorize The SEPP Group, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release The SEPP Group, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if I am employed by The SEPP Group, Inc., falsified statements of any kind or omission of facts called for on this application shall be considered a sufficient basis for dismissal. I authorize The SEPP Group, Inc. to make a thorough investigation of all statements

contained on this application about my past employment, education, and other activities. I release liability from all persons and organizations supplying such information.

I understand that should an employment offer be extended to me and accepted, I will fully adhere to the policies, rules, and regulations of employment of the employer. I also understand that The SEPP Group, Inc. is an “at will” employer. I understand that either I or The SEPP Group, Inc. may terminate any employment agreement for any reason or for no reason at any time with or without notice.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Signature of Applicant: _____ Date: _____



EVOLUTION CONSULTING
BACKGROUND CHECK AUTHORIZATION/DISCLOSURE
FOR THE SEPP MANAGEMENT COMPANY

- I. I, _____, understand that in conjunction with my application for employment, or if I am currently employed, in consideration of my promotion or reassignment, that the **SEPP Management Company** may request and rely upon an investigative consumer report on me that is obtained from a consumer reporting agency, which may include information about one or more of the following items: my character, general reputation, personal characteristics, mode of living, work habits, performance and experience, including employment eligibility for rehire, financial/credit history, criminal history records from any criminal justice agency or court in any or all federal, state, city, and county jurisdictions, state Department of Motor Vehicle/Driver License Records to include traffic citations and registration, military records from the National Personnel Record Center, education records including transcripts and GPA, and requests for records and information from any individual, company, firm, corporation, present and/or past employers and public agencies (including the Social Security Administration and U.S. Citizenship and Immigration Services).
- II. I hereby understand and authorize the SEPP Management Company to obtain and rely upon a consumer report generated on me after I have received a valid offer of employment or in consideration for promotion/reassignment. I acknowledge that to the extent an investigative consumer report is procured, I have the right to ask for a copy of the report; such requests must be submitted by mail to Evolution Consulting, 49 Court Street, Suite 130, Binghamton, NY 13901, by email to info@evolutioncheck.com, by phone to (833) 207-0153, or at <https://evolutionexcellence.com>. The report will be furnished to me upon proper identification. I acknowledge that I have been informed of my rights under the Fair Credit Reporting Act, as outlined by the Consumer Financial Protection Bureau in the summary found at https://www.nydrugtesting.com/customerportal/Content/PDF/BCFP_Consumer_Rights_Summary_Mar2023.pdf. Information regarding Evolution Consulting's privacy practices may be found at <https://evolutionexcellence.com/privacy>.

- III. I fully understand that the SEPP Management Company and/or its vendor Evolution Consulting LLC may be requesting information from public and private sources about any of the information noted in Section I, and I freely consent for the SEPP Management Company and Evolution Consulting LLC to do so.
- IV. I agree that a photocopy or telephonic facsimile of this authorization shall be as valid as the original, with the same authority as the original.
- V. I hereby authorize anyone contacted by the SEPP Management Company and/or its vendor Evolution Consulting LLC to furnish the information described in Section I. Information may be released to the SEPP Management Company and/or its vendor Evolution Consulting LLC by telephone, facsimile, or email.
- VI. I hereby authorize the SEPP Management Company and/or its vendor, Evolution Consulting LLC, to contact my former employer/employers for employment verification/references and eligibility for rehire information.
- VII. California Applicants/Employees: By submitting this form, I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW available at https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=CIV§ionNum=1786.22. I acknowledge that I can receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by Evolution Consulting whenever I have a right to receive such a copy under California law by checking this box:
- a. San Francisco Applicants/Employees: By submitting this form, I acknowledge receipt of the San Francisco Fair Chance Ordinance. Official Notice to Job Applicants and Employees is available at <https://sfgov.org/olse/sites/default/files/Document/FCO%20Art.%2049%20Official%20Notice%20to%20print%202017.pdf>. (Fair Chance Ordinance)
- b. California Applicants/Employees: Under the California Consumer Privacy Act (CCPA), you have the right to request that we provide to you your Personal Information that we collect, use, disclose, and/or sell. Evolution Consulting LLC does not share or sell any of your personal data. For more information and to review our privacy policy, please visit <https://evolutionexcellence.com/privacy/>.
- VIII. New York Applicants/Employees: By submitting this form, I acknowledge that I have a right to receive a copy of the New York Correction Law Article 23-A, and a copy of the NYCHRL Fair Chance Act FAQ document, upon my request. I acknowledge that I have received notification of my rights under the Fair Credit Reporting Act, as outlined in the Fair Trade Commission in the publication entitled “A Summary of Your Rights Under the Fair Credit Reporting Act,” located at <https://dol.ny.gov/system/files/documents/2021/02/correction-law-article-23a.pdf> and https://www1.nyc.gov/assets/cchr/downloads/pdf/FairChance_Employee.pdf.
- IX. Vermont Applicants/Employees: By submitting this form, I acknowledge receipt of a copy of Section 2480e of the Vermont Fair Credit Reporting Statute (“VFCRA”) available at <https://legislature.vermont.gov/statutes/section/09/063/02480e>.

- X. Washington State Applicants/Employees: By submitting this form, I acknowledge receipt of A SUMMARY OF YOUR RIGHTS UNDER THE WASHINGTON FAIR CREDIT REPORTING ACT, available at <https://app.leg.wa.gov/RCW/default.aspx?cite=19.182.070>.
- XI. Massachusetts, Minnesota, New Jersey, and Oklahoma Applicants/Employees: By submitting this form, I acknowledge that I can receive a copy of an investigative consumer report or consumer report obtained on me at no charge if one is obtained by Evolution Consulting, whenever I have a right to receive such a copy by state law, by checking this box:
- XII. Oregon Applicants/Employees: By submitting this form, I acknowledge that information is available upon request regarding my rights under federal and Oregon laws regarding employment background checks.
- XIII. This consent form is valid for sixty days. The signed applicant can revoke consent at any time in writing to Evolution Consulting, 49 Court Street, Binghamton, NY 13901.

APPLICANT: COMPLETE THE FOLLOWING

By my signature below, I hereby acknowledge the above and authorize the **SEPP Management Company** to obtain the investigative consumer reports described above about me.

Documentation we may be requesting from applicants would be W-2s, pay stubs, transcripts, 1099 documents, tax transcripts, and diplomas.

Signed: _____ Today's Date: _____

Print Name (As it appears on your Social Security Card or Driver's License):

Social Security Number: _____ I do not have a US SSN.

Date of Birth: _____ Driver's License Number: _____

Current Address: _____

City/Municipality: _____ State: _____ Zip: _____