

Application for Employment

Please enter all requested information; then attach the application to your email along a resume.

It is the policy of Media Fusion to provide and administer employment, training, compensation, promotion, benefits and employment practices without regard to race, color, religion, age, gender, sexual orientation, national origin, genetic information, protected veteran status, or disability.

If you need assistance with completing this application or during any phase of the employment process, please notify the Human Resources Department at tim@fusiononline.com or 256-532-3874 Ext. 205, and every effort will be made to accommodate your needs in a reasonable amount of time.

You MUST complete the ENTIRE application to be considered!

PERSONAL DATA

Date: _____

Name: _____
(First) (Middle) (Last)

Street Address: _____ P.O. Box (if applicable): _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Email Address: _____ Cell Phone: _____ Work Phone: _____

Are you legally eligible for employment in the United States? _____
(Y/N)

U.S. Military Service (include branch and rank): From: _____ To: _____
(mm/yyyy) (mm/yyyy)

Date and Type of discharge received: _____
(mm/yyyy) (type)

Current or Previous U.S. Security Clearance? _____ When? _____
(Y/N) (mm/yyyy)

Where: _____ Level: _____

Have you previously worked for Media Fusion? _____ If yes, From: _____ To: _____
(Y/N) (mm/yyyy) (mm/yyyy)

Date Available for Employment: _____ Salary Expected: _____
(mm/yyyy) (\$)

Position Applying For: _____

Years of Relevant Job Experience: _____

Region/Location Desired: _____

How did you hear about us? _____
(If employee referral, please give name of employee)

ACADEMIC & PROFESSIONAL BACKGROUND

NOTE: Falsification of educational credentials is grounds for rescinding of a job offer and/or termination from employment.

| | Institution & Location | Major/Minor Fields Studied | No. of Years Completed | Did You Graduate? | Degree or Diploma | Grade Point Average or Rank | If No Degree, No. of Credits Received |
|-------------------|------------------------|----------------------------|------------------------|---|-------------------|-----------------------------|---------------------------------------|
| High School | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| College * | | | | <input type="checkbox"/> Yes, Yr. ____ <input type="checkbox"/> No | | | |
| Graduate School * | | | | <input type="checkbox"/> Yes, Yr. ____ <input type="checkbox"/> No | | | |
| Other | | | | <input type="checkbox"/> Yes, Yr. ____ <input type="checkbox"/> No | | | |

Current Active Professional licenses/certifications: _____

Honors, honor societies and professional societies: _____

REFERENCES

List three previous supervisors or coworkers whom we may contact regarding your professional ability.

| Name | Years Known | Present Employer/Position | Telephone | Relationship |
|------|-------------|---------------------------|---|--------------|
| | | | H: () – W: () – E-mail: | |
| | | | H: () – W: () – E-mail: | |
| | | | H: () – W: () – E-mail: | |

EMPLOYMENT RECORD

Name & Location if Current or Most Recent Employer: _____

Employment Start: _____ (mm/yyyy) Employment End: _____ (mm/yyyy) Title: _____

Work Summary: _____

Supervisor Name & Phone: _____ May We Contact: Yes No

Reason For Leaving: _____

Name & Location if Current or Most Recent Employer: _____

Employment Start: _____ (mm/yyyy) Employment End: _____ (mm/yyyy) Title: _____

Work Summary: _____

Supervisor Name & Phone: _____ May We Contact: Yes No

Reason For Leaving: _____

Name & Location if Current or Most Recent Employer: _____

Employment Start: _____ (mm/yyyy) Employment End: _____ (mm/yyyy) Title: _____

Work Summary: _____

Supervisor Name & Phone: _____ May We Contact: Yes No

Reason For Leaving: _____

Name & Location if Current or Most Recent Employer: _____

Employment Start: _____ (mm/yyyy) Employment End: _____ (mm/yyyy) Title: _____

Work Summary: _____

Supervisor Name & Phone: _____ May We Contact: Yes No

Reason For Leaving: _____

| |
|--|
| IMPORTANT - Please Read Completely Before Signing Below |
|--|

Pre-Employment/Application Statement

I hereby affirm that the information on this employment application form, on my resume, and portfolio is accurate and complete to the best of my knowledge. I understand and agree that falsified or omitted information may result in the termination of any discussion concerning employment with Media Fusion Inc., the rescinding of any offer of employment, or termination of employment if discovered after my employment has begun. I further understand that in consideration of Media Fusions investigation and consideration of my Application for Employment, I agree to waive my rights to a jury trial and will arbitrate with the American Arbitration Association any and all statutory, contractual and/or common law claims or disputes arising between Media Fusion and me in respect to this Application for Employment, consideration of my employment, or resulting employment.

I hereby authorize Media Fusion to substantiate and verify my past employment, previous salary history, professional credentials, credit standing, academic degrees and any other necessary references. I understand that under the Fair Credit Reporting Act (FCRA), Media Fusion will use the information in my credit report solely for employment purposes and will not use the information contained in the report in violation of any applicable federal or state equal employment opportunity law or regulations. I understand that pursuant to the FCRA, I have the right to know if adverse action is being considered against me as a result of information contained in the report, and that I have the right to a copy of this report prior to any adverse action taken against me and to dispute the accuracy of any information in this report by contacting the consumer credit reporting agency, whose address and phone number can be obtained from Media Fusion Human Resources Department. I understand that I may have additional rights under State law, which I may determine by contacting my State or local consumer protection agency. I also authorize my previous schools, employers and listed references to release to Media Fusion, any relevant information, including transcripts that may be requested in connection with my employment. I hereby release Media Fusion, the consumer reporting agency, their officers, agents, and employees from any liability arising from the preparation of this report or investigation relating thereto.

If employed, I authorize Media Fusion to release salary and benefit data as well as my resume, employment history and/or employment qualifications to others, as necessary to meet business needs. I agree that Media Fusion and my previous employers, schools and references shall not be held liable if any employment offer is not tendered, is withdrawn, or my employment is terminated due to falsity or omissions in the information I have provided.

If employed by the Company, I understand and agree that such employment is subject to the security policies of the Company. I further understand that if the position for which I am hired requires access to classified information and I am not able to obtain the required security clearance within a period of time specified by my supervisor, I will not be allowed to work in that position and my employment with the Company will depend on the availability of a position which does not require a security clearance and for which the Company determines I am qualified. I understand and agree that any employment offer I might receive is contingent upon my acceptance of the Company's Policies and passing a drug screening test, and any other conditions specified in my offer letter or determined later. I consent to any testing necessary to determine the presence and/or level of drugs in my body other than drugs prescribed for me by a physician. This includes, but is not limited to, random drug testing of me as an employee if performing under a contract, which requires drug testing as a condition of performance, or otherwise required by Company policy. In addition, if requested, I consent to taking a Company-paid employment physical examination. I further agree to wear or use, when prescribed by the Company, safety equipment or protective devices and to comply with all health and safety rules and reporting requirements. I agree to abide by the administrative policies and Standards of Business Ethics and Conduct of the Company.

I understand that no statement in this form, related administrative policies, or an offer of employment is to be construed as an employment contract, and that either party, without the other's consent, may terminate the employment relationship at any time, for any reason, with or without cause or notice. Any agreement which varies the right of the employee or Media Fusion to terminate the employment relationship at any time, with or without cause or notice, must be set forth in an express written agreement and signed by both the employee and Media Fusion's representative. By signing and submitting this application you are indicating your agreement that any employment is considered at will.

Signature: _____ Date: _____

EEO/AA

Pre-Offer Voluntary Self-Identification Information

Media Fusion, Inc. is an EEO/Affirmative Action Employer

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, mental or physical disabilities, veteran status, and all other characteristics protected by law. We also comply with all applicable laws including E.O. 11246 and the Vietnam Era Readjustment Assistance Act of 1974 governing employment practices and do not discriminate on the basis of any unlawful criteria. As a federal government contractor, we take affirmative action on behalf of protected veterans.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations, which may apply, we invite you to complete this applicant data survey. Failure to provide information will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position applying for: _____

Date: _____

REFERRAL SOURCE

- State Workforce Agency
- State Rehab/Disability Agency
- Employment Agency: _____
- Veterans Group
- One Stop Career Center
- Company Website
- Social Media: _____
- Online: _____
- School: _____
- Employee Referral: _____
- Other: _____

APPLICANT INFORMATION

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Business Phone/Cell Phone: _____

ETHNICITY/RACE CATEGORIES

ETHNICITY/RACE: (identify **one or more** race categories)(see definitions)

- Hispanic or Latino or identify a race listed below
- Do not wish to identify
- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- Native Hawaii or Pacific Islander (not Hispanic or Latino)
- American Indian or Alaska Native (not Hispanic or Latino)
- Two or more races (not Hispanic or Latino)

GENDER CATEGORIES

 Male

 Female

 Do Not Wish to Identify

VETERAN CATEGORIES

Are you a veteran? Yes No Do Not Wish to Identify

If yes, are you a protected veteran? Protected Veteran Not a Protected Veteran Do Not Wish to Identify

DEFINITIONS

ETHNICITY/RACE CATEGORY DESCRIPTIONS:

Hispanic or Latino includes a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race.

White (not Hispanic or Latino) includes a person having origins in any of the original peoples of Europe, North Africa, or the Middle East, or North America.

Black or African American (not Hispanic or Latino) includes a person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) includes a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (not Hispanic or Latino) includes a person have origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaskan Native (not Hispanic or Latino) includes a person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races (not Hispanic or Latino) includes a person who identifies with more than one of the above races.

PROTECTED VETERAN CATEGORY DESCRIPTIONS:

A disabled veteran includes any veteran of the U.S. military, ground, naval or air service who: (a) is entitled to compensation, or who but for the receipt of military retired pay would be entitled to compensation under laws administered by the Secretary of Veteran Affairs, or (b) was discharged or released from active duty because of service-connected disability.

Active Duty Wartime or Campaign Badge Veteran includes any veteran who served on active duty in the U.S. military, ground, naval or air service in a war, campaign or expedition in which a campaign badge has been authorized under the laws administered by the Department of Defense.

Recently Separated Veteran includes any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Armed Forces Service Medal Veteran includes any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United State military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- | | | | |
|-------------|----------------------|--|--|
| • Blindness | • Autism | • Bipolar disorder | • Post-traumatic stress disorder (PTSD) |
| • Deafness | • Cerebral palsy | • Major depression | • Obsessive compulsive disorder |
| • Cancer | • HIV/AIDS | • Multiple sclerosis (MS) | • Impairments requiring the use of a wheelchair |
| • Diabetes | • Schizophrenia | • Missing limbs or partially missing limbs | • Intellectual disability (previously called mental retardation) |
| • Epilepsy | • Muscular dystrophy | | |

Please check one of the boxes below:

YES, I HAVE A DISABILITY
(or previously had a disability)

NO, I DON'T HAVE A DISABILITY
 I DON'T WISH TO ANSWER

(Your Name)

(Today's Date)

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.