



Cosmos Technologies, Inc.

700 River Avenue, Suite 412; Pittsburgh, PA 15212-5936

Telephone: 412-321-3951 • Fax: 412-321-3954

Email: info@cosmostechnologiesinc.com

www.cosmostechnologiesinc.com

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Other _____ <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Internet - _____	

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Are you currently employed? Yes No
May we contact your present employer? Yes No

Are you prevented lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
(Proof of Immigration status will be required upon employment)

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Have you been convicted of a felony within the last 7 years?
 (Conviction will not necessarily disqualify an applicant from employment.)

Yes No

If Yes, please explain _____

Education

	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School				Diploma /GED <input type="checkbox"/> Yes <input type="checkbox"/> No
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

Describe any specialized training apprenticeship, skills, and professional activities.
Describe any job-related training received in the United States military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and job-related volunteer activities. Please exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number (s)		Hourly Rate/ Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
2. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number (s)		Hourly Rate/ Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
3. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number (s)		Hourly Rate/ Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
4. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number (s)		Hourly Rate/ Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

Please exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Please check skills/ equipment operated only if you are asked to supply this information.

<input type="checkbox"/> PC	<input type="checkbox"/> Fax	Production / Mobile	
<input type="checkbox"/> CRT	<input type="checkbox"/> Email	Machinery (list):	Other (list):
<input type="checkbox"/> Calculator	<input type="checkbox"/> MS Office	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Desktop Publishing	_____	_____

State any additional job-related information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing, with or without a reasonable accommodation, the essential functions of the job or occupation for which you have applied? (A description of the functions involved in such a job or occupation is attached.) YES NO

References

1.	_____ () _____
	(Name) Phone #

	(Address)
2.	_____ () _____
	(Name) Phone #

	(Address)
3.	_____ () _____
	(Name) Phone #

	(Address)

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I understand and authorize that the COMPANY, any agent acting on their behalf, as well as any other person responding to a reference request pursuant to this application, will seek and/or disclose any and all information about me which said corporation, agent, or person may have. I make this authorization in return for the COMPANY'S consideration of me for employment, and I specifically release and hold harmless such corporations, agents or persons harmless from any and all liabilities arising out of their investigation of my application for employment.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will " nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will " employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I have read and understood everything on this application.

Signature of Applicant

Date

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Interview Yes No

Interviewer _____

Date _____

Employed Yes No

Date of Employment _____

Job Title _____ Hourly Rate / Salary _____ Location _____

By _____
NAME AND TITLE DATE

**APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION
(must be signed and completed by job applicant)**

As a condition for consideration of employment, I authorize EMPLOYER NAME or their agents to conduct the following background checks/consumer reports/investigative consumer reports:

- Criminal Check
- Social Security # Verification
- Education Verification
- Employment Verification
- Motor/Vehicle/Driving History Records

APPLICANT'S INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____

Applicant's Signature: _____

Date Signed: _____

To be given to Job Applicants

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 used in the process of granting credit. This information is supplied by public record sources, credit grantors and others to credit reporting agencies (a “CRA”) who organize and store that information for distribution to credit grantors, employers and insurers who are making credit, employment and insurance decisions about you. The FCRA gives suppliers and users of credit information, and CRA’S, specific responsibilities in connection with their respective roles in dealing with these entities, as summarized below. You can find the complete text of the FCRA, 15 U.S.C. 1681 et seq., at the Federal Trade Commission’s web site www.ftc.gov. 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.

- **Access to your file is limited.** Your file may only be accessed by those who have a permissible purpose recognized by the FCRA usually to consider an application you have submitted to a creditor, insurer, employer, landlord or other business, or to consider you for an unsolicited offer of credit.
- **Your consent is required for reports that are provided to employers or that contain medical information.** A CRA may not give a report about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You can find out what is in your file.** Upon your request, a CRA must give you all the information in your file, and a list of everyone who has requested it recently. However, you are not entitled to any information concerning “risk scores,” “credit scores,” or other economic predictors that are information in your file. There is no charge for the report if a third party used the information in your file to take unfavorable action toward you and you request the report within sixty (60) days of receiving notice that the information in your file was used by a third party unfavorably. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within sixty (60) days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you a fee of up to eight dollars (\$8.00).
- **You must be told if information in your file was a factor considered by a third party who took unfavorable actions toward you.** Upon your request, anyone who considers information from a CRA and who takes unfavorable actions toward you, such as denying an application for credit, insurance, or employment, must give you the name, address, and phone number of the CRA that provided the information. Keep in mind that the third party, not the CRA, took the unfavorable action toward

you and that the CRA will not be able to provide you with the reason for the unfavorable action.

- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must reinvestigate the items (usually within thirty (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 CRA's to which it has provided 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 dispute 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 inaccurate information from its files, usually within thirty (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 reinserted 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 the third party who furnished information to a CRA (such as a creditor who reports to a CRA) that you dispute an item, it may not then report the information to a CRA without including a notice of your dispute. In addition, once you've 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 seven (7) years old (ten years for bankruptcies).
- **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 telephone number for you to call and tell the CRA if you want your name and address removed from future lists or offers. If you notify the CRA through the toll-free number, it must keep you off the lists for two (2) years. If you request, complete and return the CRA form provided for this purpose, you can have your name and address removed 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:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's creditors and others not listed below	Federal Trade Commission Bureau of Consumer Protection – FCRA Washington, DC 20580 (202-326-2222)
National banks, federal branches/agencies of foreign banks (the word “National” or initials “N.A.” appear in or after banks 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 (202-452-3593)
Savings association and federally chartered savings banks (the word “Federal” or initials “F.S.B.” appear in federal institutions name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 (800-842-6929)
Federal credit unions (the words “Federal Credit Union” appear in the institutions name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 (703-518-6360)
Banks that are state-chartered, or are not Federal Reserve System members	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 (800-934-FDIC)
Air, surface or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial management Washington, DC 20590 (202-366-1306)
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 (202-720-705)