



New West Technologies, LLC

## APPLICATION FOR EMPLOYMENT

“BRING YOUR POSITIVE ENERGY TO US”

Thank you for your interest in employment at New West Technologies, LLC (NWT). We are committed to excellence in the workplace.

### IMPORTANT NOTICE TO APPLICANTS

**Disability Accommodation Available for Applicants:** I understand that if I require an accommodation for a disability so that I may participate in the selection process, I am encouraged to contact the Human Resources Department at (240) 696-6558, or via email at: [apply@nwttech.com](mailto:apply@nwttech.com).

**Equal Opportunity/Affirmative Action Employer:** New West Technologies is an Equal Opportunity/Affirmative Action Employer. New West Technologies is a respectful community committed to diversity, inclusiveness and a welcoming environment for its staff and visitors. Consistent with this commitment, qualified individuals are considered for employment and employees are treated during employment without regard to any legally protected status, including age, race, creed, color, ex-offender status, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status, domestic violence victim status, or veteran status. I understand that if I become employed at New West Technologies, it is New West's expectation that I will comply with all anti-discrimination laws and support New West Technologies' commitment to diversity and inclusion.

**Application Fraud and Misrepresentation:** I certify that all statements (verbal and written) made on any and all material collected during the hiring process are true, complete and accurate, and I understand that misrepresentation or omission of facts called for in the employment application, resume, interview process or other application materials may prohibit consideration for employment at New West Technologies and is cause for immediate termination if employed.

**Reference and Background Checking:** Applying for a specific job authorizes New West Technologies to contact any of your schools, your current\* and former employers, or other references for the purpose of verifying information and/or obtaining an account of your education, work experience and skills. By applying for a job, you agree to hold any and all of your reference sources harmless and free of any liability for releasing such information. Please note that for some positions, a more extensive background check is part of the employment decision making process, and you will need to sign any necessary disclosure and release forms including, but not limited to, a "Candidate Release Authorization" and "Fair Credit Reporting Act Candidate Notice and Disclosure" form as part of the hiring process. \* Please note that the point at which your prospective hiring supervisor will contact your employer may vary; however, this is most commonly done on a pre-employment basis usually after the initial interview. This practice is rarely performed on a pre-interview basis. If you have concerns about having your current employer contacted, please communicate those concerns to the person who conducts your initial interview to determine what, if any, alternatives exist.

**Employment Eligibility Verification:** All offers of employment by New West Technologies are contingent on the provision of satisfactory proof of your identity and legal authority to work in the United States. Prior to, or on your first day of employment, you must comply with the requirements of the Immigration and Naturalization Service's Employment Eligibility Verification (I-9 Form). New West Technologies participates in E-Verify.

**Offers of Employment:** Please be advised that New West Technologies will not be bound by offers or conditions of employment other than those made in official offer letters authorized by the COO or CEO. All offers of employment are contingent upon successful completion of New West Technologies background check process.

I accept: \_\_\_\_\_ I decline: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Submit completed Application for Employment to:

Human Resources Department, New West Technologies, LLC, 8201 Corporate Drive, Suite 800, Landover, MD 20785  
Telephone Number: (301) 429-1180 • eFax Number: (877) 527-0439 • Email: [apply@nwttech.com](mailto:apply@nwttech.com) • [www.nwttech.com](http://www.nwttech.com)



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Position applying for? \_\_\_\_\_ Work Location \_\_\_\_\_

How did you learn of this job? \_\_\_\_\_ Date Available \_\_\_\_\_

## PERSONAL INFORMATION

Mr.  Ms.  Dr.  Other: \_\_\_\_\_

Name (as it appears on Social Security card) \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

If you have educational/employment records under a different name, please indicate the name(s):  
\_\_\_\_\_

Are you 18 years of age or older?  Yes  No

Do you have any relative(s) working at NWT?  Yes  No

If "yes", list name(s) and relationship(s): \_\_\_\_\_

What type of work are you looking for?  Full-Time  Part-Time  Temporary

If Part-Time, please specify days and hours: \_\_\_\_\_

If you have previously been employed by NWT, please indicate dates: \_\_\_\_\_

Are you willing and able to perform the essential functions of the job for which you are applying, including travel, if necessary?

Yes  No

If no, indicate reason:  Need Different Hours  Need Different Days  Need More Training

Other (please explain):  
\_\_\_\_\_

If there is anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you are applying, please explain:  
\_\_\_\_\_

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, NWT will verify the status of every individual offered employment. All offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for applicants to submit documents as required by law to verify identification and employment authorization.

Do you have the legal right to work and remain in the United States?  Yes  No



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## PERSONAL INFORMATION (CONT.)

Do you speak or write any language other than English?  Yes  No

If "yes", please indicate what language(s) in the space provided.

List Language(s): \_\_\_\_\_

Are you subject to any restrictive covenant, non-compete, non-solicitation, intellectual property or confidentiality agreement which would limit or restrict your ability to work in any way for NWT?  Yes  No

If yes, please provide a copy of any such document.

Have you ever resigned from a position after being notified that your work or conduct was not satisfactory?  Yes  No

Have you ever plead guilty to, or been convicted by a judge or jury of a felony, or do you have any pending felony charges? You must report any felony, even if probation, parole, Alford Plea or pretrial diversion occurred.  Yes  No

If you answered "yes" to the question above, please provide the details of each conviction or pending felony conviction below, including date, location, and nature of all felony convictions or all pending felony convictions. Failure to list all felony convictions or pending convictions may be considered a falsification of this application and a result in the withdrawal of an offer of employment, restriction on applying for any other positions at NWT and/or termination from current employment with NWT. It is not acceptable to substitute "will discuss in interview" for this information. Although traffic violations and misdemeanors do not have to be listed, please be advised that, should you be guilty of these types of offenses and if they are job-related, this may result in the withdrawal of an offer of employment, restriction on applying for any other positions at NWT, and/or termination from current employment with NWT.

Name of Offense(s): \_\_\_\_\_

Month and Year of Offense(s): \_\_\_\_\_ Where: \_\_\_\_\_

Disposition:

\* A conviction will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.

## MILITARY SERVICE INFORMATION

Have you ever served in the U.S. Armed Forces?  Yes  No (If "yes," please list dates of service. List duties and special training that are relevant to the position for which you are applying).



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## EDUCATION

### School/College/University

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Major: \_\_\_\_\_ Diploma/Degree: \_\_\_\_\_

Did you graduate?  Yes  No If currently attending, please provide anticipated graduation date: \_\_\_\_\_

### School/College/University

Name of School: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Major: \_\_\_\_\_ Diploma/Degree: \_\_\_\_\_

Did you graduate?  Yes  No If currently attending, please provide anticipated graduation date: \_\_\_\_\_

## WORK HISTORY: List your employers in chronological order (current employer first)

### Employment 1

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Still Employed?  Yes  No

Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ Average Hours Worked Per Week: \_\_\_\_\_

Employer, Address & Telephone Number:  
\_\_\_\_\_

Position/Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving this Position: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

May we contact this employer?  Yes  No If "no," please explain: \_\_\_\_\_

### Employment 2

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Still Employed?  Yes  No

Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ Average Hours Worked Per Week: \_\_\_\_\_

Employer, Address & Telephone Number:  
\_\_\_\_\_

Position/Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving this Position: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

May we contact this employer?  Yes  No If "no," please explain: \_\_\_\_\_



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**WORK HISTORY: List in chronological order your employers (current employer first)**

**Employment 3**

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Still Employed?  Yes  No

Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ Average Hours Worked Per Week: \_\_\_\_\_

Employer, Address & Telephone Number:  
\_\_\_\_\_

Position/Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving this Position: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

May we contact this employer?  Yes  No If "no," please explain: \_\_\_\_\_

**Employment 4**

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Still Employed?  Yes  No

Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ Average Hours Worked Per Week: \_\_\_\_\_

Employer, Address & Telephone Number:  
\_\_\_\_\_

Position/Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving this Position: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

May we contact this employer?  Yes  No If "no," please explain: \_\_\_\_\_

**Employment 5**

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Still Employed?  Yes  No

Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ Average Hours Worked Per Week: \_\_\_\_\_

Employer, Address & Telephone Number:  
\_\_\_\_\_

Position/Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving this Position: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

May we contact this employer?  Yes  No If "no," please explain: \_\_\_\_\_



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**WORK HISTORY: List in chronological order your employers (current employer first)**

**Employment 6**

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Still Employed?  Yes  No

Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ Average Hours Worked Per Week: \_\_\_\_\_

Employer, Address & Telephone Number: \_\_\_\_\_  
\_\_\_\_\_

Position/Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving this Position: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

May we contact this employer?  Yes  No If "no," please explain: \_\_\_\_\_

**EXPLAIN ANY GAPS IN EMPLOYMENT**

**LICENSES, CERTIFICATIONS & MEMBERSHIPS:** Please list any licenses, certifications, professional memberships, etc. (Exclude memberships which may disclose your race, color, religion, national origin, age, or other protected classification.)

**PUBLICATIONS:**

**PROFESSIONAL REFERENCES:** List below three persons who are not related to you who have knowledge of your work performance within the last five years.

**Reference 1:** \_\_\_\_\_ Position/Title: \_\_\_\_\_

Contact Phone: (\_\_\_\_) \_\_\_\_\_ Contact Email: \_\_\_\_\_

**Reference 2:** \_\_\_\_\_ Position/Title: \_\_\_\_\_

Contact Phone: (\_\_\_\_) \_\_\_\_\_ Contact Email: \_\_\_\_\_

**Reference 3:** \_\_\_\_\_ Position/Title: \_\_\_\_\_

Contact Phone: (\_\_\_\_) \_\_\_\_\_ Contact Email: \_\_\_\_\_



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## CONDITIONS OF EMPLOYMENT

Please read the following carefully, then acknowledge that you have read and approved it by providing the information requested at the end of the section. Please note that an e-signature is the electronic equivalent of a hand-written signature.

1. I certify that the information provided above is true and correct. I understand that if I provide misleading, false statements or incomplete information I will not be eligible for employment and if already employed, will be subject to immediate termination of employment.
2. NWT requires a state and national criminal history and background check as a condition of employment. Any employment that begins prior to review of the background check is subject to immediate cancellation if the background check is not satisfactory to the employer. I authorize such background and personal reports as deemed necessary to verify that the information I have supplied is true and accurate and to determine my fitness for this job and hold harmless those who have the responsibility to develop such a report. A copy of this authorization is as valid as the original.
3. I authorize and direct my current and former employers to supply employment related information to NWT and do hereby release my current and former employers from liability for providing information to NWT. Upon termination of my employment for whatever reason, I release NWT from all liability for supplying any information concerning my employment to any potential employer.
4. I understand that on the first day of my employment, I must provide information related to identity and employability. Failure to provide appropriate documentation for verification of employment eligibility may cause my immediate dismissal.
5. In consideration of my employment, I agree to conform to the rules and regulations for employees. I understand I am an employee at will, and that this application is not a contract of employment with NWT and that my employment and compensation can be terminated, with or without cause, at anytime at the option of either NWT or myself. I understand that no representative of NWT has the authority to enter into any verbal agreement for employment for any specified period of time or make any agreement contrary to the foregoing unless it is expressly authorized and signed by both myself and the COO or CEO.
6. I agree to immediately notify NWT's HR Department if I should be convicted of a crime while my Application for Employment is pending or during my employment, if hired.
7. I understand that I may be required to submit to pre-employment and/or post-employment tests for fitness and/or substance abuse, if not prohibited by law and if required for the position for which I am applying or hired.
8. Upon separation for employment, I authorize NWT to withhold from my final paycheck any monies owed to them by me (if permissible by law) for equipment, products, services, materials, or other assets in my possession not promptly returned.

I have read, understand and agree to the above statements and conditions of employment.  Yes  No

Name of Applicant: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_



## EEO/AFFIRMATIVE ACTION DATA RECORD

It is the policy of New West Technologies, LLC to provide equal employment opportunity to all people without regard to age, race, creed, color, sex, sexual orientation, religion, national origin, disability, and marital status or Vietnam Era Veteran status. This form will assist us in acting affirmatively in developing avenues of entry and mobility for minorities, women, and individuals having disabilities and Vietnam Era and other Veterans. This information is for the above purpose only and will be kept in a confidential file separate from the application for employment or examination. **THE SUBMISSION OF INFORMATION IS VOLUNTARY.** Failure to complete this form will have no effect on your eligibility for employment or continued employment with **NEW WEST TECHNOLOGIES, LLC.**

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position applying for: \_\_\_\_\_

CHECK ONE:  MALE  FEMALE

Is respondent Hispanic/Latino?  YES  NO

If Hispanic/Latino, is your background?

- Central American
- Dominican
- Mexican
- Puerto Rican
- South American
- Other Hispanic/Latino

IS YOUR RACE (SELECT ONE OR MORE):

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White

NONRESIDENT ALIEN:  YES  NO

CHECK IF APPLICABLE:  VIETNAM ERA VET  DISABLED

HOW DID YOU HEAR ABOUT THIS POSITION?  New West Website  Employee Referral: \_\_\_\_\_

Professional Association  Local Newspaper  Other: \_\_\_\_\_



# CANDIDATE RELEASE AUTHORIZATION

- I. In connection with my application for employment or continued employment at **New West Technology, LLC** (the Company), I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with reasons for termination of past employment. I understand that to the extent permitted by applicable law and as directed by company policy and consistent with the job described, the Company may be requesting information from public and private sources about me, including but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers' compensation injuries, driving record, drug testing results. If company policy requires and to the extent permitted by law, I am willing to submit to alcohol and/or drug testing to detect the use of alcohol or drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the federal Americans with Disabilities Act (ADA) and/or any other applicable state or local laws and only after a conditional job offer is made.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies. In the event that an agency or record source requires an alternative release form or additional identifying characteristics in order to release the requested information, I agree to provide the additional information and sign any additional release authorizations, if so requested by the Company.
- IV. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information. Applicants in Massachusetts, Minnesota, Oklahoma, New York, Maine, Washington, New Jersey and California: if you want a free copy of the report(s) ordered, check this box.  The report(s) will be sent to you by the Consumer Reporting Agency listed here: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524. See attached Candidate Notice and Disclosure Form for other notices.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference, insurance company or other applicable record source contacted by New West Technology, LLC (the Company) or its agent, to furnish the information described in Section I.
- VI. If applicable, I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to New West Technology, LLC (the Company). This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. I understand that this information is confidential and will not be used for any other purposes. I hereby release the employer, its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively and all persons, agencies, and entities providing information or reports about me from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates arising out of the requests for or release of any of the above mentioned information or reports.

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Please print your full name.	Last	First	Middle
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Please print other names you have used (maiden name, surname, alias name).

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Current Address	City	State	Zip Code
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(FOR IDENTIFICATION PURPOSES ONLY) Social Security Number	Date of Birth
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A number of states, including but not limited to, AL, AR, FL, GA, IA, IL, IN, KS, MI, MN, MO, NE, NV, NH, PA, SC, TX, VA, WA, WV, and WI, require additional identifying characteristics in order to complete a criminal records search. For that purpose only, please provide the following:

Sex:  Male  Female

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Driver's License Number	State Issuing License	Name as it appears on license.
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I CERTIFY THAT THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT FALSE INFORMATION, MISREPRESENTATIONS AND OMISSIONS MAY DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR, IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE DISCIPLINED, UP TO AND INCLUDING TERMINATION.

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Signature	Today's Date
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# FAIR CREDIT REPORTING ACT CANDIDATE NOTICE AND DISCLOSURE

**New West Technologies, LLC** (the “Company”) will order a consumer report and/or an investigative consumer report (background check report) on you in connection with your application for employment, or if already hired, or if you already work for the Company, we may order additional background check reports on you for employment purposes without obtaining additional consent, where permissible by law. The consumer reporting agency (“Consumer Reporting Agency”) that will prepare and process the report(s) is:

ADP Screening and Selection Services  
301 Remington Street  
Fort Collins, Colorado 80524  
Telephone 800-367-5933

In the event that information from the report is utilized in part or in whole in making an adverse decision with regard to your potential employment or employment, before making the adverse action, we will provide you with a copy of the report and a description in writing of your rights under the law.

You have the right to request, in writing, within a reasonable time, that we disclose the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested, whichever is the later. To receive this information or to inspect any files concerning such a report or to determine if a report has been requested, you may contact the Company or the Consumer Reporting Agency.

The Fair Credit Reporting Act and certain state laws give you specific rights in dealing with consumer reporting agencies. You will find these rights in the attached documents.

Please be advised that we may also obtain an investigative consumer report (background check report) on you that may include information as to your character, general reputation, personal characteristics, and mode of living. By your signature below, you hereby authorize us to order consumer and/or investigative consumer reports including, but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers’ compensation injuries, driving record, and drug testing results. The information may be obtained from private and public repositories of information, and can be disclosed to the processing agency (Consumer Reporting Agency) listed above and its agents.

I, \_\_\_\_\_, agree that a facsimile or photocopy of this form is valid just like the original form. I acknowledge receipt of this Disclosure and the attached Fair Credit Reporting Act Summary of Rights.

\_\_\_\_\_  
Please print your full name. Last First Middle

\_\_\_\_\_  
Current Address City State Zip Code

\_\_\_\_\_  
(FOR IDENTIFICATION PURPOSES ONLY) Social Security Number Date of Birth

\_\_\_\_\_  
Signature Today’s Date

GIVE COPY WITH STATE LAW NOTICES, SUMMARY OF RIGHTS AND RELEASE AUTHORIZATION DOCUMENTS TO CANDIDATE. RETAIN A COPY FOR YOUR FILES.

**For residents of, or for jobs located in, California, Maine, Massachusetts, Minnesota, New Jersey, New York, Oklahoma and Washington, you may request a free copy of any background check report by checking the box below.**

I request a free copy of the report.

## STATE LAW NOTICES:

If you live in, or are seeking work for the Company in California, Maine, Massachusetts, New York, or Washington State, note:

**CALIFORNIA:** You may view the file that the Consumer Reporting Agency has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by going to the Consumer Reporting Agency's offices, during normal business hours and on reasonable notice, or by mail. You may also ask for a file summary by telephone. The Consumer Reporting Agency can answer questions about information in your file, including any coded information. If you go in person, another person can come with you, so long as that person can show proper identification.

**MAINE:** If you ask us, you have the right to know whether the Company ordered a background check report on you. You may request the name, address, and telephone number of the nearest office for the Consumer Reporting agency. We will send this information to you within five business days of our receipt of your request. You have the right to ask the Consumer Reporting Agency for the report.

**MASSACHUSETTS:** If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a copy.

**NEW YORK:** If you submit a written request, you have the right to know whether the Company ordered a background check on you from the Consumer Reporting Agency. You may inspect and order a copy by contacting the Consumer Reporting Agency. If you have previously been convicted of one or more criminal offenses and are denied employment, you may request that the Company provide a written statement setting forth the reasons for such denial. The Company must provide the written statement within thirty (30) days of your request.

**WASHINGTON STATE:** You have the right, upon written request made within a reasonable time frame after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of any "investigative" consumer report we may have requested. You also have the right to request from the Consumer Reporting Agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your credit worthiness, credit standing, or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.