

EMPLOYMENT APPLICATION

This application will be considered without regard to race, creed, color, religion, national origin, age, sex, sexual orientation, disability, marital status, ancestry or veteran status.

Personal Information

Legal Name:	Date:
Preferred Name:	
Home Address:	Email Address:
City, State Zip:	Cell/Home Phone:

Position Applying For

Title:	Salary Desired:
How did you hear about this position? <input type="checkbox"/> (Ad) <input type="checkbox"/> (Agency) <input type="checkbox"/> (Employee) <input type="checkbox"/> (Friend) <input type="checkbox"/> (Relative) <input type="checkbox"/> Other: _____	Date Available:

Education

High School (Name, City, State):	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
Business or Technical School:	Degree, Major: Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
College - Undergraduate:	Degree, Major: Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
College - Postgraduate:	Degree, Major: Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
College - Postgraduate:	Degree, Major: Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No

Other education and training relevant to the position you seek:

List any educational honors and scholarships, and pertinent professional affiliations and activities:

Have you previously been employed by Casepoint, (Yes) (No) If yes, provide dates of employment, location, and name or LLC? supervisor:

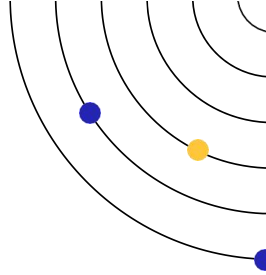
Do you currently have relatives employed by Casepoint, (Yes) (No) If yes, provide names, relationships to you, and positions LLC? within Casepoint:

Are you under age 18? (Yes) (No) Are you legally permitted to work in the United States? (Yes) (No)

Special Notice to Applicants: If hired, you will be required to submit proof of identity and authorization to work in the United States.

Can you, with or without reasonable accommodation, perform the essential functions of this position? (Yes) (No)

If you are currently employed, may we contact your present employer now? (Yes) Phone Number _____ (No)



EMPLOYMENT EXPERIENCE

Company:	Job Title:
Address:	Telephone:
From: (Month/Year)	To: (Month/Year)
Immediate Supervisor:	Reason for Leaving:
Responsibilities:	

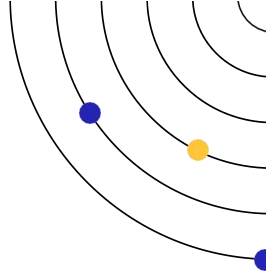
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Continue on page 4 if necessary to complete employment history.

I certify that the foregoing information is correct and complete, and that Casepoint, LLC may terminate my employment for falsification of statements, answers or material omissions made by me in this employment application. I authorize Casepoint, LLC to investigate these statements, references, previous employers and school records and any information that may be derived from the investigation and authorize the release of such information without liability. I understand that any job offer may be contingent upon successful completion of verification of information contained herein, and a pre-employment drug test, if required. I further understand that employment is at-will and can be terminated with or without cause at any time at the option of Casepoint, LLC and/or myself.

SIGNATURE: _____ DATE: _____



APPLICANT INVITATION TO SELF-IDENTIFY

Personal and Confidential

Casepoint, LLC is an equal opportunity employer. As required by law, we must record certain information to be made a part of our affirmative action program.

Applicants for employment are invited to participate in the affirmative action program by reporting their status as a protected veteran or other minority. In extending this invitation, we advise you that: (a) workers (applicants) are under no obligation to respond but may do so in the future if they choose; (b) responses will remain confidential within the human resource department; and (c) responses will be used only for the necessary information to include in our affirmative action program. We are a company that values diversity. We actively encourage women, minorities, veterans and disabled employees to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

PLEASE COMPLETE IN FULL

NAME (print):	
SEX (check one):	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

RACE/ETHNICITY: (Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (not Hispanic or Latino)** – A person having many origins in any of the black racial groups of Africa.
- Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asians (not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native (not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (not Hispanic or Latino)** – All persons who identify with more than one of the above six races.
- I do not wish to self-identify**

VETERAN STATUS: (Please check one if it describes your veteran status.)

- am a protected Veteran I am NOT a protected Veteran I do not wish to self-identify

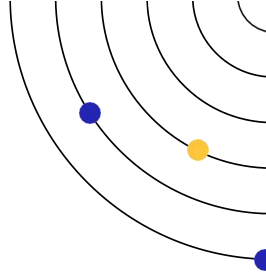
Protected veteran means a veteran who may be classified as an active duty wartime or campaign badge veteran, disabled veteran, Armed Forces service medal veteran or recently separated veteran.

Active duty wartime or campaign badge veteran means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Armed Forces service medal veteran means any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p. 159).

Disabled veteran means (1) a veteran of the U.S. military, ground, naval or air service who 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 Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

Recently separated veteran means a 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.



ADDITIONAL EMPLOYMENT EXPERIENCE

Company:	Job Title:
Address:	Telephone:
From: (Month/Year)	To: (Month/Year)
Immediate Supervisor:	Reason for Leaving:
Responsibilities:	

Company:	Job Title:
Address:	Telephone:
From : (Month/Year)	To: (Month/Year)
Immediate Supervisor:	Reason for Leaving:

Company:	Job Title:
Address:	Telephone:
From: (Month/Year)	To: (Month/Year)
Immediate Supervisor:	Reason for Leaving:
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Immediate Supervisor:	Reason for Leaving:
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