

- Must return with these additional forms:
- Form 5008-39 EEO-1 VSI
 - Form 5008-57 VSI Protected Veteran Status
 - Form 5008-58 VSI Disability



*Return Application and above forms to Human Resources

TANDEMLOC, Inc.
 An Equal Opportunity Employer
Application for Employment
(Effective for 90 days ONLY)

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

TANDEMLOC, INC. is committed to providing equal employment opportunity to all applicants and employees regardless of their race, creed, color, religion, sex, age, national origin, disability, military service, protected veteran status, genetic information, sexual orientation, gender identity, or any other characteristic protected by federal, state, or local law. We are strongly committed to this policy and believe in the concept and spirit of the law. The information collected by this application is solely to determine suitability for employment, verify identity, and maintain employment statistics on applicants.

Applicants with disabilities may be entitled to reasonable accommodation under the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on TANDEMLOC, INC.. Please inform the company's HR representative if you need help completing this application or to otherwise participate in the application process.

GENERAL INFORMATION

Full Name _____			Date _____	
FIRST	MIDDLE	LAST		
Address _____			_____	
STREET	CITY	STATE	ZIP CODE	
Contact Number (_____) _____			Date available for work _____	
Alternate Contact Number (_____) _____			Email _____	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you now, or in the future, require immigration sponsorship for work authorization (e.g., H-1B)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If hired, verification will be required consistent with federal law.)				
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, you may be required to provide authorization to work.)				

POSITION INFORMATION

Position applied for: _____	Salary range expected: _____
How did you learn about the position? _____	
Applying for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/Temporary	
Can you meet the time requirements of the position? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list any certifications or skills that may be on value in this position:	



EDUCATION

Type of School	School Name and Location	Number of Years Completed	Diploma, Degree, or Certificate Received	Course of Study or Major
High School or G.E.D. equivalent				
College or University				
Graduate School				
Vocational, Trade or other School				

Describe any education course(s), subjects of special study or technical programs you are currently enrolled in or have completed:

BACKGROUND INFORMATION

Have you ever been discharged, suspended, or asked to resign from any position? Yes No

If yes, please explain.

For the purpose of verifying information on this application, have you ever worked or attended school under a different name at any of the organizations you have listed? Yes No If yes, specify name. _____

Have you ever been convicted of a crime, other than a minor traffic violation, that has not been expunged, sealed, pardoned, annulled, statutorily eradicated, or dismissed upon condition of probation? You are not required to disclose sealed or expunged records of conviction or arrest or expunged juvenile records of conviction or arrest. Yes No

Explain:

Note: Answering "Yes" does not necessarily preclude you from employment as we perform individualized assessments for all applicants.

PROFESSIONAL REFERENCES

List three professional (i.e. work or educational) references (other than those listed as a current/former supervisor) that we may contact:	
Name _____	Telephone No. (_) _____
Email Address _____	Type of Acquaintance _____
Name _____	Telephone No. (_) _____
Email Address _____	Type of Acquaintance _____
Name _____	Telephone No. (_) _____
Email Address _____	Type of Acquaintance _____

Have you worked for TANDEMLOC, INC. before? Yes No

If yes, Job Title: _____

Have you signed or otherwise agreed to any non-solicitation, non-competition, or other similar post-employment restriction or agreement with your current or any prior employer? Yes No If yes, explain:



EMPLOYMENT RECORD

List all employment experience starting with the most recent or present employer, including US military service or training. **Resumes may not be substituted in lieu of completing the following employment information.**

<p>Current Employer _____</p> <p>Geographic Location _____</p> <p>Your Position _____</p> <p>Supervisor's Name/Title _____</p> <p>May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If not, why? _____</p> <p>Salary _____ per _____</p> <p>Primary responsibilities _____</p> <p>_____</p>	<p>Phone (____) _____</p> <p>From _____</p> <p>Month Year</p> <p>To _____</p> <p>Month Year</p> <p>Reason for Leaving (for military service, include only your rank at time of discharge) _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Prior Employer _____</p> <p>Geographic Location _____</p> <p>Your Position _____</p> <p>Supervisor's Name/Title _____</p> <p>May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If not, why? _____</p> <p>Salary _____ per _____</p> <p>Primary responsibilities _____</p> <p>_____</p>	<p>Phone (____) _____</p> <p>From _____</p> <p>Month Year</p> <p>To _____</p> <p>Month Year</p> <p>Reason for Leaving (for military service, include only your rank at time of discharge) _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Prior Employer _____</p> <p>Geographic Location _____</p> <p>Your Position _____</p> <p>Supervisor's Name/Title _____</p> <p>May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If not, why? _____</p> <p>Salary _____ per _____</p> <p>Primary responsibilities _____</p> <p>_____</p>	<p>Phone (____) _____</p> <p>From _____</p> <p>Month Year</p> <p>To _____</p> <p>Month Year</p> <p>Reason for Leaving (for military service, include only your rank at time of discharge) _____</p> <p>_____</p> <p>_____</p> <p>_____</p>



PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

- 1. I understand, where permissible under applicable federal, state, or local law, I may be subject to a pre-employment drug test after receiving a conditional offer of employment and must receive a negative result for illegal drug use before being permitted to commence work with TANDEMLOC, INC. _____ Initials
- 2. I understand, where permissible under applicable federal, state, or local law, I may be subject to a pre-employment medical examination after receiving a conditional offer of employment and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with TANDEMLOC, INC. _____ Initials
- 3. I understand, where permissible under applicable federal, state, or local law, I may be subject to a pre-employment background check after receiving a conditional offer of employment to investigate my criminal background, driving record, credit history and other matters related to my suitability for employment. The offer is contingent upon the successful completion and outcome of the background check. I understand that a separate disclosure and consent form will be provided to me prior to any background check. _____ Initials
- 4. I understand employment with TANDEMLOC, INC. is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States. _____ Initials
- 5. I authorize TANDEMLOC, INC. and its representatives to contact my current and former employers (with the exception of my current employer, if I have marked "May we contact?" on page 2 of this application as "No"), schools, references, and other persons or organizations I have named in this application for the purpose of verifying the information I have provided. I release my current and former employers, schools, references, and other persons or organizations named in this application from any liability resulting from the information released. I authorize employers, schools, and other persons or organizations named in this application to provide any information or transcripts requested. _____ Initials
- 6. I hereby certify that, if employed, my employment with TANDEMLOC, INC. will not conflict with, violate, breach, or result in default under, any contract, agreement, or understanding that I am a party to or am bound by, including any non-solicitation, non-competition, or other similar post-employment restriction or agreement I have with any current or former employer, other than the contracts, agreements, covenants, or understandings I have disclosed in this application, if any. _____ Initials
- 7. **I understand and agree that, if hired, my employment will be "at-will", which means employment is for an indefinite period of time and may be terminated by myself or TANDEMLOC, INC. at any time, with or without cause, and with or without notice.** _____ Initials
- 8. I understand I will be required to have my paycheck direct deposited as a condition of employment. _____ Initials
- 9. I certify that all of the above information is true and complete, and I understand that any falsification or omission of information made by me may disqualify me from further consideration for employment or, if hired, may result in my termination at any time during the period of my employment, regardless of the amount of time that has passed. _____ Initials

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's Signature _____ Date _____

Disposition Code: _____



EEO-1 VOLUNTARY SELF-IDENTIFICATION FORM

TANDEMLOC Inc. is committed to a policy of Equal Employment Opportunity. The Equal Employment Opportunity Commission (EEOC) requires that all private employers with 100 or more employees as well as federal contractors and first-tier subcontractors with 50 or more employees AND contracts of at least \$50,000 complete an EEO-1 report each year. Covered employers must invite employees and applicants to self-identify gender and race for this report.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires Tandemloc, Inc. to determine this information by visual survey and/or other available information.

Name _____ Date _____

Position applied for or Current Position: _____

Sex (please select one):

Male Female

Race/ethnicity (please check one):

- White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- Native American 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 maintains tribal affiliation or community attachment.
- Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- Asian (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, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Native Hawaiian or Pacific Islander (No Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- 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 disclose



VOLUNTARY SELF-IDENTIFICATION of PROTECTED VETERAN STATUS

As a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act (VEVRAA) of 1974, TANDEMLOC Inc. is required to take affirmative action to employ and advance in employment protected veterans. To help us measure the effectiveness of our outreach and recruitment efforts of veterans, we are asking you to tell us if you are a veteran covered by VEVRAA. Completing this form is completely voluntary, but we hope you fill it out. Any answer you give will be kept private and will not be used against you in any way.

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.

How Do You Know if You Are a Veteran Protected by VEVRAA?

Contrary to the name, VEVRAA does not just cover Vietnam Era veterans. It covers several categories of veterans from World War II, the Korean Conflict, the Vietnam era, and the Persian Gulf War which is defined as occurring from August 2, 1990 to the present.

If you believe you belong to any of the categories of protected veterans, please indicate by checking the appropriate box below. The categories are defined on the next page and explained further in an "Am I a Protected Veteran?" infographic provided by OFCCP.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED BELOW**
- I AM NOT A PROTECTED VETERAN**
- I DO NOT WISH TO ANSWER**

Printed Name: _____ **Date:** _____

What Categories of Veterans Are "Protected" by VEVRAA?

"Protected" veterans include the following categories: (1) disabled veterans; (2) recently separate veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These categories are defined below.

1. A "disabled veteran" is one of the following:
 - 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
 - A person who was discharged or released from active duty because of a service-connected disability
2. A "recently separated veteran" means 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.
3. An "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.
4. An "Armed Forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military ground naval or air service participated in a U.S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name:
Employee ID:

Date:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
No, I do not have a disability and have not had one in the past
I do not want to answer

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.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title:

Date of Hire: