



Comcast® SPECTACOR

Employment Application

Last Name

First Name

Middle Initial

Position Applied For:

Part-Time or Full-Time:

Date Completed:

Comcast-Spectacor is an Equal Opportunity Employer.

IT IS THE POLICY OF COMCAST-SPECTACOR TO PROVIDE EQUAL EMPLOYMENT OPPORTUNITIES TO ALL INDIVIDUALS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, AGE, NATIONAL ORIGIN OR ANCESTRY, CITIZENSHIP, DISABILITY, SEXUAL ORIENTATION, MARITAL STATUS, VETERAN STATUS, OR ANY OTHER BASIS PROTECTED BY FEDERAL, STATE OR LOCAL LAWS. ALSO, TO THE EXTENT REQUIRED BY LAW, EQUAL EMPLOYMENT OPPORTUNITIES WILL BE PROVIDED TO ALL INDIVIDUALS REGARDLESS OF ANY PERCEPTION THAT THE INDIVIDUAL HAS A PROTECTED CHARACTERISTIC, OR ASSOCIATES WITH A PERSON WHO HAS OR IS PERCEIVED AS HAVING ANY PROTECTED CHARACTERISTICS.

(Last Name) (First Name) (Middle Name)

(Address) (City) (State) (Zip Code)

(Telephone Number) (Social Security Number)

Is there any other name under which you have employment or education records? Yes _____ No _____

If yes, indicate name records are listed under: _____

Can you, within 3 days after employment, submit documentation verifying that you are legally eligible to work in the United States? Yes _____ No _____

How did you learn about us? _____

Are you related to any employee of the company? Yes _____ No _____

If yes, Name: _____ Relationship: _____

Have you ever worked for Comcast-Spectacor or any of our subsidiaries before? Yes _____ No _____

Date(s): _____ to: _____ Reason for Leaving: _____

Position: _____ Supervisor's name: _____

Other than a traffic violation, have you ever been convicted of a felony or misdemeanor? (A conviction will not necessarily disqualify you.) Yes _____ No _____

If yes, please explain and give dates: _____

Applicants under the age of 18 will not be considered for full-time employment.

EDUCATION: (May or may not be considered depending on job applied for.)

Describe any educational degrees, skills, training or experience you believe are relevant:

Do you possess a High School diploma or GED certificate: Yes _____ No _____

College/University Degree Course of Study Number of years completed

Graduate School Degree Course of Study Number of years completed

Days available: (Check appropriate box)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A.M.							
P.M.							

Are there any days, shifts or hours you will not work? Yes _____ No _____

If yes, please explain: _____

Please list your minimum salary requirements: _____

EMPLOYMENT HISTORY: Please complete for full time/part-time employment

Company Name: _____ Telephone Number: (____) _____

Address: _____ Dates Employed: _____ to: _____

Name of Supervisor: _____ Starting Salary: _____ Ending: _____

Job Title: _____ Reason for leaving: _____

May we contact? Yes No

Company Name: _____ Telephone Number: (____) _____

Address: _____ Dates Employed: _____ to: _____

Name of Supervisor: _____ Starting Salary: _____ Ending: _____

Job Title: _____ Reason for leaving: _____

May we contact? Yes No

Company Name: _____ Telephone Number: (____) _____

Address: _____ Dates Employed: _____ to: _____

Name of Supervisor: _____ Starting Salary: _____ Ending: _____

Job Title: _____ Reason for leaving: _____

May we contact? Yes No

REFERENCES: Please list three (3) employment references. Please list at least one (1) supervisor.

Name Organization/Company Name (____) Telephone

Name Organization/Company Name (____) Telephone

Name Organization/Company Name (____) Telephone

Applicant's Acknowledgment**(Please read carefully and sign.)**

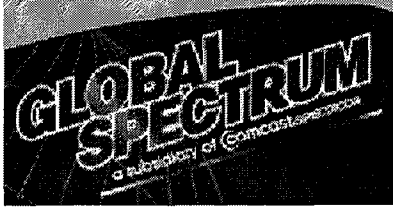
I CERTIFY THAT THE INFORMATION I HAVE GIVEN HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY MISREPRESENTATION, OMISSIONS OF FACTS OR INCOMPLETE ANSWERS IN ANY APPLICATION DOCUMENT WILL DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT. I FURTHER UNDERSTAND THAT, IF EMPLOYED, ANY MISREPRESENTATIONS OR OMISSIONS OF FACTS IN ANY APPLICATION DOCUMENT WILL BE CAUSE FOR MY IMMEDIATE DISMISSAL.

I UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT WITH THE EMPLOYER IS NOT FOR A SPECIFIC TERM AND MAY BE TERMINATED BY ME OR THE EMPLOYER WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME, UNLESS I AM OTHERWISE COVERED BY A COLLECTIVE BARGAINING AGREEMENT. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOMER BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE EMPLOYER'S PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE EMPLOYER, OTHER THAN A COLLECTIVE BARGAINING AGREEMENT TO WHICH I AM SUBJECT.

I AUTHORIZE INVESTIGATION OF ALL MATTERS OUTLINED IN THIS APPLICATION. I HEREBY GIVE THE COMPANY AND/OR ITS DESIGNATED SUBSCRIBER PERMISSION TO CONTACT PREVIOUS EMPLOYERS, DOCTORS, MEDICAL PROVIDERS, REFERENCES, AND TO CONDUCT INVESTIGATIVE BACKGROUND INQUIRES ON ME INCLUDING CONSUMER CREDIT, CRIMINAL CONVICTIONS, MOTOR VEHICLE AND OTHER REPORTS FROM VARIOUS FEDERAL, STATE AND OTHER AGENCIES THAT MAINTAIN RECORDS RELATED TO THE ABOVE MENTIONED ITEMS, AS WELL AS, CLAIMS RECORDS ON FILE AT INSURANCE COMPANIES. I HEREBY RELEASE THE COMPANY AND ANY PERSON GIVING OR RECEIVING ANY SUCH INFORMATION FOR ANY PURPOSE RELATED TO MY EMPLOYMENT FROM ANY LIABILITY AS A RESULT OF SUCH CONTACTS. INFORMATION REGARDING CREDIT HISTORY AND DRIVING HISTORY WILL NOT BE INQUIRED INTO UNLESS IT IS NECESSARY AND DIRECTLY RELATED TO THE JOB APPLIED FOR IN THIS APPLICATION.

Applicant's Signature

DateRevised 4/3/08



Background Inquiry Form

Office use Only

Office use Only

Employer	<u>Global Spectrum</u>	Contact(s)	_____	Account #	_____
Package(s) / Position(s)	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Comprehensive + Credit				

Applicant Information

Name (Last, First Middle) _____						
Alias / AKA's (Last, First Middle) _____						
DOB (Year Optional)	/	/	SS #	-	-	Race Sex DL# ST
Current Addresses:						
<u>Street Address</u>		<u>City</u>		<u>State</u>	<u>Zip Code</u>	<u>Mo/Yr</u> to <u>Mo/Yr</u>
Previous Addresses: (7 years)						
1. _____						
2. _____						
3. _____						

Authorization to Obtain Consumer Reports

In connection with my application for employment or assignment, I understand that consumer reports and/or investigative consumer reports may be requested containing information about me including, but not limited to, public records, consumer credit, criminal records, driving history, educational verification, licensing, and, credential verification and employment history. I understand that information may be obtained from various federal, state, local and other agencies, and from any other persons who may have information about my past activities.

By signing below, I hereby authorize without reservation, any party or agency contacted by Global - Spectrum or Zaeplex, a consumer reporting agency acting on their behalf, to furnish information about me. If hired, I further authorize ongoing procurement of the above mentioned reports at any time during my continued employment, or assignment. I also agree that a fax or photocopy of this authorization with my signature shall be accepted with the same authority as the original.

My signature below provides acknowledgement of the disclosure notice (see reverse side) and authorization to procure consumer/investigative consumer reports:

Printed Name: _____

Signature: _____ Date: _____

California, Oklahoma, and Minnesota applicants may obtain a copy of the consumer and/ or investigative consumer report by checking this box. It will be mailed to you as required by state law.

CA applicants will be supplied with the specific scope of work as required by law.

DISCLOSURE NOTICE ON REVERSE SIDE OF THIS FORM.

Fax (800) 203-9616

Disclosure Notice for Consumer Reports

In connection with your application for employment or assignment for Global - Spectrum, information may be obtained about you from a consumer reporting agency. A consumer report and/or an investigative consumer report may be requested on you including information about your character, general reputation, personal characteristics and mode of living, employment record, education, qualifications, criminal record, driving record, and/or credit and indebtedness, and may involve personal interviews with sources such as supervisors, friends, neighbors, associates, public record or law enforcement agencies.

A consumer report and/or an investigative consumer report may be obtained at any time during the application process and if hired, during your continued employment or assignment. A consumer report containing injury and illness records and medical information may be obtained, if required, after a tentative offer of employment has been made. You have the right, upon written request made and after the receipt of this notice, to request a disclosure of the nature and scope of the investigative consumer report.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.