

Dear Applicant,

Thank you for choosing **The Max Advantage Solutions, LLC (T-MAX)**. We provide optical fiber and copper cable installation, networking, video, voice and wireless services to commercial and government buildings. We continually contribute to our community by providing job opportunities to individuals. Our system has evolved for over twenty (20) years that consistently responds to the changes of times. We encourage you to join our data communications group in making a difference in the world of business and technology.

In our goal to ensure employee and client safety, we subject all considered applicants to the pre-employment screening. Collection of these documents does not guarantee employment.

- Two (2) verifiable references
- Two (2) Valid Proof of Identification and Proof of Eligibility to Work in the United States such as but not limited to the following:
  - Driver's License & Social Security Card
  - State ID (if not driving)
  - Social Security Card
  - Resident Alien Card (if applicable)
  - Work Permit issued by USCIS-DHS (if applicable)
- Licensure/Certification related to the job applied for (if applicable)
- Background Screening
- Minimum of six (6) months prior experience for the job applied for; otherwise, on-the-job training will be provided
- Reliable transportation & home telephone number or cellular/mobile phone number
- You must also provide yourself the following should you be considered for employment:
  - ✓ Hard Hat
  - ✓ Work Boots
  - ✓ Safety Glass
  - ✓ Safety Vest
  - ✓ Dust Mask
  - ✓ Sharpie and Pencil
  - ✓ Hand Tools:
    - Electrician's Scissors with Stripping Notches/Cable Scissors/Snips
    - 10-pc Screw Driver Set
    - Hammer
    - Electric Drill
    - Channel Lock

If you are unable to meet the above pre-employment requirements at this time, we would be pleased to have you back once you are able to.

If you believe you are able to comply with all of the above-mentioned requirements, kindly fill out the attached application form. Please do not leave any space blank. Write N/A if not applicable. In that way, we can process your application without delay.

We look forward to have you as a member of our **data communications** group.

Sincerely,

The Management & Staff of **The Max Advantage Solutions, LLC**  
Office Address: **7520-A Pulaski Highway Rosedale, MD 21237/ Phone 410.900.6267**  
Email: **ap@themaxadvantage.org** Website: **www.themaxadvantage.org**

*(Applicant, keep this page for your records)*

## A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus that gather and sell information about your creditworthiness to creditors, employers, landlords, and other businesses. The FCRA gives you specific rights, which are summarized below. You may have additional rights under state law. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit), or write to: Consumer Response Center, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580. **You must be told if information in your file has been used against you.** Anyone who uses information from a consumer reporting agency to deny your application for credit, insurance, or employment – or take another adverse action against you – must tell you and give you the name, address, and phone number of the agency that provided the information. **You can find out what is in your file.** At any time, you may request and obtain your report from a consumer reporting agency. You will be asked to provide proper identification, which may include your Social Security number. In many cases the report will be free. You are entitled to free reports if a person has taken adverse action against you because of information in a report; if you are the victim of identity theft; if you are the victim of fraud; if you are on public assistance; or if you are unemployed but expect to apply for employment within 60 days. In addition, you are entitled to one free report every twelve months from each of the nationwide credit bureaus and from some specialized consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for details about how to obtain your free report. **You have a right to know your credit score.** Credit scores are numerical summaries of a consumer's creditworthiness based on information from consumer reports. For a fee, you may get your credit score. For more information, click on [www.ftc.gov/credit](http://www.ftc.gov/credit). In some mortgage transactions, you will get credit score information without charge. **You can dispute inaccurate information with the consumer reporting agency.** If you tell a consumer reporting agency that your file has inaccurate information, the agency must take certain steps to investigate unless your dispute is frivolous. For an explanation of dispute procedures, go to [www.ftc.gov/credit](http://www.ftc.gov/credit). **Inaccurate information must be corrected or deleted.** A consumer reporting agency or furnisher must remove or correct information verified as inaccurate, usually within 30 days after you dispute it. However, a consumer reporting agency may continue to report negative data that it verifies as being accurate. **Outdated negative information may not be reported.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old. **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need as determined by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. **Identity theft victims and active duty military personnel have additional rights.** Victims of identity theft have new rights under the FCRA. Active-duty military personnel who are away from their regular duty station may file "active duty" alerts to help prevent identity theft. For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit). **Your consent is required for reports that are provided to employers.** A consumer reporting agency may not give out information about you to your employer, or potential employer, without your written consent. Blanket consent may be given at the time of employment or later. **You may choose to remove your name from consumer reporting agency lists for unsolicited credit and insurance offers.** These offers must include a toll-free phone number you can call if you choose to take your name and address off lists in the future. You may opt-out at the major credit bureaus by calling 1-800-XXXXXXX. **You may seek damages from violators.** If a consumer reporting agency, a user of consumer reports, or, in some cases, a furnisher of information to a consumer reporting agency violates the FCRA, you may sue them in state or federal court. The FCRA gives several federal agencies authority to enforce the FCRA.

### TO COMPLAIN AND FOR INFORMATION: PLEASE CONTACT:

- Consumer reporting agencies, creditors and others not listed below
- Federal Trade Commission Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free)
- National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's 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 202-452-3693
- Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)
- Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
- Federal credit unions (words "Federal Credit Union" appear in institution's name)
- National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
- State-chartered banks that are not members of the Federal Reserve System
- 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 202-720-7051

Initials:

APPLICATION FOR EMPLOYMENT

I. Personal Information

Today's Date

Last Name  (Sr., Jr., I, II, III, IV, \_\_\_)

First Name

Middle Name

Other Names/Aliases

Social Security Number

Are you over 18 years of age? Yes  No

Are you legally authorized to work in the United States? Yes  No   
(verification of legal authorization to work will be required if hired)

II. Address

Street Address   
(P.O. Box is not acceptable)

City

State

County

Zip Code

III. Contact Information

Home Phone Number

Mobile Phone Number

Facsimile Number

Email Address

IV. Position Information

Position Applying For (check one)

<input type="checkbox"/> Assistant Cable Technician	<input type="checkbox"/> Administrative Assistant
<input type="checkbox"/> Cable Technician	<input type="checkbox"/> Liaison Officer
<input type="checkbox"/> Lead Technician	<input type="checkbox"/> Office Manager
<input type="checkbox"/> Estimator	<input type="checkbox"/> Warehouse Manager
<input type="checkbox"/> Assistant Project Manager	<input type="checkbox"/> _____
<input type="checkbox"/> Project Manager	<input type="checkbox"/> _____

Work Start Date Availability

Desired Hourly Rate

Desired Annual Salary

V. Availability (Please list your specific hours of availability each day)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Initials:

**VI. Referral Source**

How did you learn about The Max Advantage Solutions?

Have you ever applied to The Max Advantage Solutions? Yes  No

Have you previously worked for The Max Advantage Solutions? Yes  No

If yes, when did you work for The Max Advantage Solutions?

Who was your Supervisor at The Max Advantage Solutions?

Why did you leave The Max Advantage Solutions?

**VII. Educational Background**

Please provide your educational background information below (You may exclude from your responses any information indicative of age, sex, race, religion, national origin, disability or marital status. Information omitted for these reasons may be requested at a later date solely for purposes of conducting a background check):

EDUCATION	NAME & ADDRESS OF SCHOOL	DATE ATTENDED	DEGREE/CERTIFICATION
High School			
College/University			
Trade/Vocational			
Other			

If you like, you may indicate any other language/dialect that you speak:

**VIII. Considerations**

What are your means of transportation? (Check the one that applies best to your current situation.)

I take the bus       My relative/s drive/s me       I have a car registered and insured under my name

Others (kindly specify)

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation?

Yes  No

Initials:

**IX. Other Information**

*(You may exclude from your responses any information indicative of age, sex, race, religion, national origin, disability or marital status)*

Tell us more about yourself *(likes, dislikes, hobbies, interests)*:

[Redacted]

What skills do you have that would be useful in this line of work *(cable installation/termination, splicing, etc...)*?

[Redacted]

What do you want to want to learn or experience if employed with **The Max Advantage Solutions**?

[Redacted]

**X. Employment History**

*(You may exclude from your responses any information indicative of age, sex, race, religion, national origin, disability or marital status)*

**Company #1**

*(most current)*

Phone Number

Fax Number

Your Supervisor's Name

May we contact your supervisor? Yes  No

Your Start Date

Your End Date

Your Start Rate

Your End Rate

Your Position

Reason for Leaving

**Company #2**

Phone Number

Fax Number

Your Supervisor's Name

Your Start Date

Your End Date

Your Start Rate

Your End Rate

Your Position

Reason for Leaving

Initials: [Redacted]

XI. Personal References

<b>Name #1</b>	[Redacted]
Years Acquainted	[Redacted]
Address	[Redacted]
Mobile Phone No.	[Redacted]
Home Phone No.	[Redacted]
Fax Number	[Redacted]
Email Address	[Redacted]
<b>Name #2</b>	[Redacted]
Years Acquainted	[Redacted]
Address	[Redacted]
Mobile Phone No.	[Redacted]
Home Phone No.	[Redacted]
Fax Number	[Redacted]
Email Address	[Redacted]

XII. Emergency Contact Information

<b>Name #1</b>	[Redacted]	Relationship	[Redacted]
Mobile Phone No.	[Redacted]	Home Phone No.	[Redacted]
<b>Name #2</b>	[Redacted]	Relationship	[Redacted]
Mobile Phone No.	[Redacted]	Home Phone No.	[Redacted]

**EQUAL OPPORTUNITY EMPLOYER**

The Max Advantage Solutions, LLC (T-MAX) is an equal opportunity employer. T-MAX makes all employment decisions, including those related to hiring, firing, training, promotion, pay and benefits without regard to gender, race, color, age, political opinion, political affiliation, marital status, pregnancy, national origin or ancestry, religion of faith, citizenship, sexual orientation, gender identity, physical or mental disability, military or veteran status or any other basis prohibited by law. No information requested on this application is intended to be used for such discrimination. This policy applies to our Directors, Employees, Applicants, Customers including Vendors and Suppliers. T-MAX embraces diversity and equal employment opportunity that is free from harassment and discrimination.

**NOTICE OF PROHIBITION ON LIE DETECTOR OR OTHER SIMILAR TESTS**

Under the Maryland law, an employer may not require or demand, as a condition of employment, prospective employment or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of misdemeanor and subject to a fine not exceeding \$100.

By my signature, I acknowledge receipt of the above Notice of Prohibition on Lie Detector or Other Similar Tests.

X [Redacted]  
Applicant's Signature

X [Redacted]  
Applicant's Printed Name

X [Redacted]  
Date

.....

## APPLICANT'S CERTIFICATIONS AND AUTHORIZATIONS

**By my signature below, I agree to, certify and authorize the following:**

I, the Applicant, hereby certify that all information furnished on this Application, together with any attachments submitted with the Application, is true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may result in the forfeiture, on my part, of any employment with T-MAX. I understand that all information on this Application is subject to verification. I hereby voluntarily give T-MAX the authority to make a thorough investigation of my background\*\*\*, and release T-MAX from any liability with respect to its inquiries and requests for information in conducting such investigation. I further release from liability all persons or entities supplying such information. I authorize T-MAX to investigate my past and present employment, contracting and sub-contracting services and activities. I authorize T-MAX to obtain, among other things, a fingerprint record, consumer report or an investigative consumer report that may also include information as to my character, work habits, performance and experience along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, T-MAX may be requesting information from public and private sources about my worker's compensation injuries, driving record, court record, education, credentials, credit and references. The applicant also acknowledges that a telephonic facsimile (FAX) or photographic copy shall be valid as the original. This release is valid for most federal, state and county agencies including the Maryland Department of Labor.

In addition, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

The undersigned also agrees to cooperate in such investigation and release from any liability or responsibility all persons and companies or corporations supplying such information. I understand that if considered for a position with T-MAX, such may be contingent on the completion of the pre-screening requirements such as the following: satisfactory evidence of identity as outlined on Form I-9 of the Department of Homeland Security, background screening, orientation and/or drug screening test.

**I understand that any employment I might be offered by T-MAS is at-will, and either I or T-MAS can terminate that employment at any time, with or without notice for any or no reason, and that no agreement on the contrary will be recognize by T-MAS unless made in writing and signed by a Managing Member of T-MAS.**

I also understand that by filling out this application does not guarantee my employment.

X \_\_\_\_\_  
Applicant's Signature

X \_\_\_\_\_  
Applicant's Printed Name

X \_\_\_\_\_  
Date

\*\*\* T-MAX notes that pursuant to Baltimore City Code, Art. 11, Subtitle 15, for Applicants for hire in Baltimore City, inquiry into Applicant's criminal record may not and will not be made unless and until a conditional offer of employment is extended, and at that time, only to the extent permitted by applicable law



## AUTHORIZATION TO RELEASE RECORDS/BACKGROUND CHECK

**I understand and agree that:**

The information supplied, was submitted by myself, and all information is true and correct, to the best of my knowledge. I understand that false or misleading information given in my application and/or interview(s) will be considered as cause of possible dismissal and/or discharge. I also understand that I am to abide by all rules and regulation of the company. The company has my authorization to thoroughly investigate my work and personal history. I understand that the information supplied by me, regarding my: Employment History, Education (including an authorization to release transcripts), Credit History, Criminal History, Medical and Professional Licensing, Motor Vehicle Record(s), Residence History, and References, will be utilized as part of the processing procedures.

A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living. I will hold no person liable for giving or receiving information in this investigation.

I hereby authorize SentryLink, LLC or ADP Screening & Selection Services an agent of The Max Advantage Solutions to make a thorough check of my past Employment, Education and activities.

I release from liability all persons, companies and corporation supplying that information. I release and indemnify The Max Advantage Solutions, SentryLink, LLC and ADP Screening & Selection Services against any liability that might result from making such background checks. A copy of this form is as valid as the original.

SOCIAL SECURITY NUMBER : X

GENDER : X

DATE OF BIRTH : X   
(for background check purposes only) (Month/Day/Year)

PLACE OF BIRTH : X  (Country) X  (State/Province)  
(for background check purposes only)

PRIOR CONVICTION :  
 Have you ever been convicted of a felony that has not been expunged? Yes  No   
 If yes, kindly explain:

[Please note that a targeted criminal background check will be conducted prior to TMAS extending any offer of employment. Because TMAS frequently works as a subcontractor on projects with various government agencies (including the Department of Defense, among others), and in many government facilities with security protocols (such as airports), certain criminal history may be a disqualifying factor for employment with TMAS. Criminal history may, however, only be a disqualifying factor if job related and a business necessity.]

X  Applicant's Signature      X  Applicant's Printed Name      X  Date



To \_\_\_\_\_ Tel/Fax \_\_\_\_\_

From The Human Resource Director  
 The Max Advantage Solutions, LLC  
 7520-A Pulaski Highway Rosedale, MD 21237  
 Phone: 410.900.6267

**Email Back To**  
**ap@themaxadvantage.org**

We would like to verify the employment history of this individual who applied for a position in our company. We ask that, at a minimum, you complete this form to verify the individual's prior employment with you and/or your company so that we can promptly process his/her application. We would also welcome any further information about the individual you can provide that may be relevant to his/her qualifications for employment. Below is the applicant's authorization to release information. Kindly email back to **ap@themaxadvantage.org**, attention: Human Resource Director.

AUTHORIZATION TO RELEASE INFORMATION

I, X \_\_\_\_\_, authorize this employer/individual to release information to  
(Applicant's First Name) (Last Name) (Middle Name)  
 The Max Advantage Solutions, LLC. I also release this employer/individual from any and all liability resulting from the release of such information. I understand that this employer/individual, if so directed by the court, may release other information.

Applicant's Signature X \_\_\_\_\_

Social Security Number X \_\_\_\_\_

EMPLOYMENT VERIFICATION

	COMMENTS		COMMENTS
Currently Employed?	Yes    No	Dependability	
Eligible for Rehire	Yes    No	Cooperation	
Date of Employment		Quality of Work	
Position Held		Reason for Leaving	

Any Other Information That You Would Like To Add: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employment Verification Provided By:

Signature \_\_\_\_\_

Position \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

To \_\_\_\_\_ Tel/Fax \_\_\_\_\_  
 From The Human Resource Director  
 The Max Advantage Solutions, LLC  
 7520-A Pulaski Highway Rosedale, MD 21237  
 Phone: 410.900.6267

**Email Back To**  
**ap@themaxadvantage.org**

You have been identified as a personal reference for the individual identified below who applied for a position in our company. We ask that you complete this form to provide any information you feel is relevant to this individual's qualifications, experience and quality of character that might assist us in assessing his/her application for employment. Below is the applicant's authorization to release information. Kindly email back to **ap@themaxadvantage.org**, attention: Human Resource Director.

**AUTHORIZATION TO RELEASE INFORMATION**

I, X , authorize this individual to release information to  
(Applicant's First Name) (Last Name) (Middle Name)  
 The Max Advantage Solutions, LLC. I also release this individual from any and all liability resulting from the release of such information. I understand that this individual, if so directed by the court, may release other information.

Applicant's Signature X

**PERSONAL REFERENCE**

How are you related to the applicant? <small>(Example: Relative, Friend, Co-Worker)</small>	
How long have you known the applicant?	
Have you ever worked with the applicant? (Encircle one)	Yes                  No
Would you recommend the applicant to work for a company?	Yes                  No
Tell us more about the applicant:	

Personal Reference Provided By:

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_