## 1. SATAPP

### **SATCOMM**

## STANDARD APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

### Complete information with the SATCOMM

http://www.satcomm911.com

The positions available are for work at home sub-contractors, we are a Mandatory participation and contribution organization.

Daytime Telephone Number		E-mail Address			
Last Name		First Name		Middle	
Street or Mailing Address				Apartment No.	
_					
City		State	Zip Code	County	
To be employed by the SATCOMM,     These include (but are not limited to ously employed by SATCOMM, and     Please answer the following question	o) State citizenship no disqualifying cr	or authorization to work	in this country, positive	rehire status if previ-	
Are you 18 years of age or older?  ☐ Yes ☐ No		2. Are you a current State or other governmental employee?  □ Yes □ No  3. Have you been dismis State or other governmental position? □ Yes □ No			
TYPE OF WORK:					
Specific Job Title Sought		Requisition ID			
SOURCE:					
Please indicate if you h	nave expe	rience in any	of the follow	ving:	
☐ IT or Website		□ Othe	er		
☐ Credit Correction	☐ CPA/ACCOUNTANT				
☐ TELE-MARKETING		□ FOF	RECLOSURE	Specialist	

(SATAPP 27-1) Rev. 07-2021

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EDUCATION: High School Graduate	e or Equivalent (GED)?							
□Yes □No								
College/Technical Scl	hool			T		Pr	ogram	
Institution	City/State		Education Level (Achieved)	Major		Hours	Minor	Hours
							<u> </u>	
CENSES AND CERTIF	ICATIONS such as degrees a	and or dep	loma's:		Expira		Specializa	
Type of License/Cert	tificate		License/Certificate N	umber	(Mo/Yr		Endorsen	
			<u> </u>					
			<u> </u>					
<ul><li>If you need m</li><li>You may atta</li></ul>	or work history below beginning nore space, print out the suppleach a resume to supplement yo	emental wor our work hist	rk history page and attac tory information.	o. sh to the	application	on.		
Current or Last Employer		Functi	ion					
Start Date		End D	ate					
Supervisor's Name		Super	rvisor's Title					
Supervisor's Phone Number		ay We Contact the Supervisor?						
Achievements		•						

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Employer	Function
Start Date	End Date
Supervisor's Name	Supervisor's Title
Supervisor's Phone Number	May We Contact the Supervisor?
Achievements	L L
Employer	Function
Start Date	End Date
Supervisor's Name	Supervisor's Title
Supervisor's Phone Number	May We Contact the Supervisor?
Achievements	
CERTIFICATION: Read carefully before signing	and dating. Unsigned applications will not be processed.
for the job is accurate and complete to th STAFF will verify the information provided	application, resume, and any document enclosed as part of submission be best of my knowledge. I understand that SATCOMM Management I. I further understand that omitting or providing false information on ation materials, will be sufficient reason to disqualify me from considersal if I am employed
Signature:	Date:

#### **SATCOMM**

#### STANDARD APPLICATION FOR EMPLOYMENT

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# EQUAL EMPLOYMENT OPPORTUNITY SELF IDENTIFICATION FORM

SATCOMM provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or genetics. In addition to common law requirements, SATCOMM complies with applicable Constitutional and laws governing nondiscrimination in employment in every location in which SATCOMM operates. This applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer leaves of absence, compensation, and training.

The information you provide in this section is optional. The information will be used by SATCOMM to comply with SATCOMM guidelines for monitoring the equal employment opportunity efforts of SATCOMM and for no other reason. Your answers will be will not be used against you in any way.

Additional Information:				
Additional information.				
Gender				
☐ Female				
□ Male				
□ I do not wish to provide this information				
Veteran				
SATCOMM afford some degree of preference to veterans in certain initial employment decisions. If you believe you belong to any of the categories of veterans listed below and have not been dishonorably discharged, please indicate by checking the appropriate box below. DD214 and/or other supporting documents will be required.				
☐ US Armed Forces Veteran	☐ Disabled Veteran (at least 10% disability)			
☐ Disabled Veteran's Spouse	□ Deceased Veteran's Widow/Widower			
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Completed Application along with proof of qualifications and resume' are to be emailed to the following email address---- application@satcomm911.com. Any deviation from this directive will be an automatic disqualification.

Deadline 07-20-2021