



## Employment Application

*An Equal Opportunity Employer*

*Drug Free Workplace*

*For Office Use Only*

Date of Hire:	W/C Code:	Dept#:	Emp #:
Supervisor:	Position:	Rate:	

Last Name	First Name	Middle	Application Date
Position Desired		Desired Hourly Wage or Salary? \$ _____	*** Expires after 90 days***
Type of employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Shift Desired <input type="checkbox"/> Day <input type="checkbox"/> Night	When Can You Start?

Thank you for submitting this Employment Application to Alliance Power Solutions, Inc.

To be considered for employment with Alliance Power Solutions, Inc., **YOU MUST COMPLETE THIS ENTIRE EMPLOYMENT APPLICATION.** Do not leave any questions unanswered or any blanks without any information. We do not accept résumés instead of this Employment Application or to answer any questions in this Employment Application. If you need extra space, please attach additional pages.

Alliance Power Solutions, Inc. considers all applicants for all positions without regard to sex, race, color, national origin, age, disability, marital status, or any other legally protected category. Alliance Power Solutions, Inc. also provides reasonable accommodations for applicants and employees with disabilities and bona fide religious beliefs. If you need any assistance in completing this application, please let us know.

Alliance Power Solutions, Inc. complies with all federal and state immigration laws requiring it to employ only United States citizens or foreign nationals who have a legal right to work in the United States. As a condition of employment, all employees must submit documentation showing they are legally authorized to work in the United States.

This Employment Application is not a contract. If you are accepted for employment, you will be employed at-will, which means either you or the Company may end your employment at any time.

This Employment Application is only valid for 90 days. If you wish to be considered for employment after 90 days, you must submit a new Employment Application.

How did you learn about Alliance Power Solutions, Inc.? (check one)		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend / Family Member
<input type="checkbox"/> Walk-in	<input type="checkbox"/> Job Fair	<input type="checkbox"/> Other: _____

## PERSONAL INFORMATION

Please answer all questions. Resumes are NOT ACCEPTED as a way to answer any questions.

Home Address (no P.O. Boxes permitted)	City	State	Zip
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List every city and state in which you have lived within the last 7 years. Attach additional pages if necessary.

Home Telephone	Alternate Telephone	E-mail
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## DRIVING RECORD

Drivers License Number	State	Name as it appears on License
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Have you been issued any traffic violation citations or tickets in the last 7 years?  Yes  No  
If Yes, please provide the date, nature, and police agency that issued the citation. Attach additional pages if necessary.

## CRIMINAL RECORD

Complete this section thoroughly. Please note that a criminal record does not necessarily disqualify you from consideration of employment.

Have you ever been convicted of a crime (federal, state, local or military)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever plead guilty or no contest to a felony or misdemeanor? (Include all such pleas, including probation before judgment, suspended imposition of sentence and deferred disposition even if adjudication was withheld.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you answered "Yes" to either question, please provide the dates, place, crimes, and penalty sentence imposed.

Have you ever been a defendant in a civil action for an intentional tort, such as assault or battery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you answered "Yes," please provide the dates, parties in the suit, the court in which it was filed, a summary of the claims against you, and the disposition of the action.

## EMPLOYMENT INFORMATION

Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If employed, you will be required to submit documents showing your authority to work in the United States.</i>	Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Positions for persons under the age of 18 are limited by law. If under the age of 18, you will be required to submit a work if accepted for employment.</i>
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Will you work overtime (which is over 40 hours per week), if necessary for your position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Will you work <input type="checkbox"/> days, <input type="checkbox"/> nights, or <input type="checkbox"/> weekends, if required? (please check all that apply)
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Will you travel if necessary for your position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you reviewed the job description for the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any reason you cannot perform the essential functions of the specific position for which you are applying? Attach additional pages if necessary.
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Employment with APSI, Inc. requires fluent speaking and writing in English. Can you meet this requirement?

Please explain why you are interested in the position for which you are applying.

Have you previously worked for APSI, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and under what name?
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Have you previously applied with APSI, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and under what name?
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Do you have friends or relatives employed by APSI, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list their names.
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Have you signed any employment or other agreement that would restrict you from working for APSI, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe the agreement and bring this to the Company's immediate attention.
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## EMPLOYMENT EXPERIENCE

For the last 10 years, please identify all employers and provide detailed information for all periods of unemployment. This section must be completed in full. Attach additional pages if necessary.

Company Name		Start Date	End Date	Supervisor's Name
City	State	Zip Code		Telephone Number
Most Recent Job Title		Starting Wage or Salary		Ending Wage or Salary
Duties Performed				
Reason for leaving (state whether you left voluntarily or not):				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name		Start Date	End Date	Supervisor's Name
City	State	Zip Code		Telephone Number
Most Recent Job Title		Starting Wage or Salary		Ending Wage or Salary
Duties Performed				
Reason for leaving (state whether you left voluntarily or not):				
Company Name		Start Date	End Date	Supervisor's Name
City	State	Zip Code		Telephone Number
Most Recent Job Title		Starting Wage or Salary		Ending Wage or Salary
Duties Performed				
Reason for leaving (state whether you left voluntarily or not):				

Company Name				Start Date	End Date	Supervisor's Name	
City		State	Zip Code		Telephone Number		
Most Recent Job Title			Starting Wage or Salary		Ending Wage or Salary		
Duties Performed							
Reason for leaving (state whether you left voluntarily or not):							
Company Name				Start Date	End Date	Supervisor's Name	
City		State	Zip Code		Telephone Number		
Most Recent Job Title			Starting Wage or Salary		Ending Wage or Salary		
Duties Performed							
Reason for leaving (state whether you left voluntarily or not):							
Company Name				Start Date	End Date	Supervisor's Name	
City		State	Zip Code		Telephone Number		
Most Recent Job Title			Starting Wage or Salary		Ending Wage or Salary		
Duties Performed							
Reason for leaving (state whether you left voluntarily or not):							

**EDUCATION**

Resumes are not accepted as a response to this section. Attach additional pages if necessary.

School Name	City & State	Major/ Area of Study	Did You Graduate?	Degree
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled	
Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled	
Vocational/Technical			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled	

**OTHER EDUCATION OR TRAINING**

Please list any educational seminars, courses, or other training you have received that qualifies you for the position for which you are applying. Attach additional pages if necessary.

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**SPECIAL SKILLS**

Please list any special skills or experiences that qualify you for the position for which you are applying. Attach additional pages if necessary.

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**REFERENCES**

Do not include friends or relatives, unless they presently work for the Company.

Name	Telephone Number	Relationship	How Long Known

**EMERGENCY CONTACT**

In case of an emergency, please provide us with a contact person. This section must be completed in full. Attach additional pages if necessary.

Name	Address	Telephone Number	Relationship

**APPLICANT'S CERTIFICATION, AUTHORIZATION, AND RELEASE**

*Please read this section carefully,  
initial all blanks to the left side of each statement, and sign and date below.*

\_\_\_\_\_ I certify that the information I provided in this Employment Application is correct and complete. I understand that any false or incomplete information may disqualify me for employment and it may also be grounds for termination of my employment if discovered after start working for the Company.

\_\_\_\_\_ I authorize the Company or its designated representatives to investigate the information I have provided in this Employment Application by contacting previous employers, schools, references, and others for verification. I hereby release, hold harmless, and indemnify the Company from any claims or liability resulting from its investigation of any information in this Employment Application. In addition, I release, hold harmless, and indemnify my previous employers, schools, references, and others from all claims or liability resulting from the Company's investigation.

\_\_\_\_\_ I understand that if the Company offers me a job, it will be for no guaranteed period of time and either myself or the Company can terminate the employment relationship with or without notice or cause at any time. I understand that no person other than the President of the Company can enter into employment agreements with any person and that neither this Employment Application nor any of the Company's employment policies, whether contained in an employee handbook or not, constitute an employment contract or modification of my at-will employment relationship with the Company. I further understand that no oral or written representations by any Company representative shall be deemed to constitute the terms of an implied employment contract.

\_\_\_\_\_ I understand that any offer of employment will be contingent upon me completing any required post-offer medical questionnaires and passing any required physical examinations.

\_\_\_\_\_ I understand that the Company is a Drug-free Workplace and that any offer of employment with the Company will be contingent upon me passing a pre-employment drug test for controlled substances, which may involve submitting a urine sample. I hereby freely and voluntarily consent to this request and agree to participate in the Company's drug testing program.

\_\_\_\_\_ I understand that the Company is an equal opportunity employer and that its policy is to make employment decisions without regard to sex, race, color, national origin, age, disability, marital status, or any other legally protected category. I agree that if at any time during the application or hiring process I believe I have been discriminated against on the basis of any legally protected category, I will raise that concern with the Company's Human Resources Department immediately.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Pre-Screening Notice and Certification Request for the Work Opportunity Credit

► Information about Form 8850 and its separate instructions is at [www.irs.gov/form8850](http://www.irs.gov/form8850).

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name \_\_\_\_\_ Social security number ► \_\_\_\_\_

Street address where you live \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

County \_\_\_\_\_ Telephone number \_\_\_\_\_

If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_\_

- 1  Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
  
- 2  Check here if **any** of the following statements apply to you.
  - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
  - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
  - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
  - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
    - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
    - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
  - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
  
- 3  Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
  
- 4  Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
  
- 5  Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
  
- 6  Check here if you are a member of a family that:
  - Received TANF payments for at least the past 18 months; **or**
  - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
  
- 7  Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

**Signature—All Applicants Must Sign**

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

**Job applicant's signature ►**

**Date**

**For Employer's Use Only**

Employer's name ALLIANCE POWER SOLUTIONS INC Telephone no. (813) 241-9000 EIN ▶ 20-3093944

Street address 3615 E LAKE AVE

City or town, state, and ZIP code TAMPA, FL 33610

Person to contact, if different from above Paycom, Tax Credit Department Telephone no. (405) 722-6900

Street address 7501 W Memorial Rd, MS #150

City or town, state, and ZIP code Oklahoma City, OK 73142

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under *Members of Targeted Groups* in the separate instructions), enter that group number (4 or 6) . . . . . ▶ \_\_\_\_\_

Date applicant:

Gave information _____	Was offered job _____	Was hired _____	Started job _____
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Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶	Title	Date
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**Privacy Act and Paperwork Reduction Act Notice**

*Section references are to the Internal Revenue Code.*

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping** . . . . . 6 hr., 27 min.
- Learning about the law or the form** . . . . . 24 min.
- Preparing and sending this form to the SWA** . . . . . 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from [www.irs.gov/formspubs](http://www.irs.gov/formspubs). Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service  
Tax Forms and Publications  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.



## Paycom Tax Credit Questionnaire

Paycom will not disclose or use information provided by applicant except in connection with providing the subject services or to the extent otherwise authorized by Client. Answering the following questions is voluntary and does not affect any benefits you or your family may be receiving or your job opportunity. I hereby authorize the release of any information from any federal or state Government Agency including SSA, Dept. of Veterans Affairs, or DMV of any state as to my eligibility for federal or state tax credit programs.

Print Name: First _____ Last _____	Social Security Number (last 4 digits only) XXX -- XX --
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1. Are you at least age 16, but under age 40? **If YES**, enter your date of birth \_\_\_\_\_ Yes  No
2. Have you ever worked for this employer before? **If Yes**, enter last date of employment \_\_\_\_\_ Yes  No
3. Are you in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation? Yes  No
4. Are you a Veteran of the U.S. Armed Forces? **If NO, go to Question 5** Yes  No   
**If YES**, are you a member of a family that received SNAP (Food Stamps) benefits for at least a 3-month period during the past 15 months before you were hired? Yes  No   
**If YES**, enter name of *primary recipient* \_\_\_\_\_ and *city and state* where benefits were received \_\_\_\_\_.  
**OR**, are you a veteran entitled to compensation for a service-connected disability? Yes  No   
**If Yes**, were you discharged or released from active duty within a year before you were hired? Yes  No   
**OR**, were you unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired? Yes  No
5. Are you a member of a family that received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) for the 6 months before you were hired? Yes  No   
**OR**, received SNAP for at least a 3-month period within the last 5 months but you are no longer receiving them? Yes  No   
**If YES to either question**, enter name of *primary recipient* \_\_\_\_\_ and *city and state* where benefits were received \_\_\_\_\_.
6. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? Yes  No   
**OR**, by an Employment Network under the Ticket to Work Program? Yes  No   
**OR**, by the Department of Veterans Affairs? Yes  No
7. Are you a member of a family that received TANF assistance for at least the last 18 months before you were hired? Yes  No   
**OR**, are you a member of a family that received TANF benefits for **any** 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended within 2 years before you were hired? Yes  No   
**OR**, did your family stop being eligible for TANF assistance within 2 years before you were hired because a Federal or state law limited the maximum time those payments could be made? Yes  No   
**If NO**, are you a member of a family that received TANF assistance for any 9 months during the 18 month period before you were hired? Yes  No   
**If YES to any question**, enter name of *primary recipient* \_\_\_\_\_ and the *city and state* where benefits were received \_\_\_\_\_.
8. In the past 12 months, have you had a felony conviction, work release, or prison release? Yes  No   
**If YES**, enter *date of conviction* \_\_\_\_\_ and *date of release* \_\_\_\_\_.  
 Was it a Federal  or a State  conviction? (Check one)
9. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired? Yes  No
10. Are you a veteran unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired? Yes  No   
 Are you a veteran unemployed for a combined period of at least 4 weeks but less than 6 months (whether or not consecutive) during the year before you were hired? Yes  No

<b>Employer use only</b>	
Please send this Questionnaire, <b>both pages of the 8850</b> , and any available supporting documentation to: <b>Paycom, ATTN: Tax Credit Dept.</b> <b>7501 W Memorial Rd, MS # 150</b> <b>Oklahoma City, OK 73142</b>	Starting Wage \$ _____ Position Title _____ Hire Date _____ Start Date _____
<b>Certification for tax credits is not guaranteed.</b>	
<i>These forms are time sensitive and must be received by Paycom no later than 28 days from the new employee's start date.</i>	

## Alliance Power Solutions, Inc.

### MVR General Release Form

As a pre-employment requirement and also due to the possibility that I may be required to drive a company vehicle (as may be necessary to the position for which I am being considered), I agree to allow Alliance Power Solutions, Inc. (“Company”) to check my driving record prior to hire and to check it periodically thereafter through **Driver’s Alert, Inc.** If I am hired, I further agree to report to my supervisor immediately any license suspensions, serious accidents or offenses, or any other condition that may affect my ability to drive a company vehicle. I also understand that this information will be used by the Company for employment purposes only and will not be furnished to any third party without my prior written consent.

This consent is given in satisfaction of Public Law 18 USC 2721 et. seq., “Federal Drivers Privacy Protection Act” (“DPPA”), and is intended to constitute “written consent” as required by the DPPA.

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Print Name

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Date of Birth

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Driver’s License Number

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State of License

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Signature

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Date