

Paladin Data Systems Corporation

19362 Powder Hill Place NE
 Poulsbo, Washington 98370
 (360) 779-2400 fax: (360) 779-2600

APPLICATION FOR EMPLOYMENT

All prospective employees/candidates will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

Last Name	First Name	Middle	Date
Street Address			Home Telephone ()
City,	State,	Zip	Date of Birth <i>Do not complete unless you have been interviewed for an available position.</i>
Have you ever applied for employment with us? Yes No If yes, month and year _____ and location _____			SSN # <i>Do not complete unless you have been interviewed for an available position.</i>
Position Desired			Pay Expected
Apart from absence for religious observance, are you available for full-time work? Yes No If not, what hours can you work? _____			Would you work overtime if asked? Yes No
Are you legally eligible for employment in the United States?			When will you be available to begin work? ____ / ____ / ____
Do you have or can you obtain a security clearance?			

EDUCATION	Name & Location of School	Dates attended	Did You Graduate?	Degree or Diploma
Graduate		from _____ to _____ mm/yy mm/yy		
College		from _____ to _____ mm/yy mm/yy		
Business/Trade/ Technical		from _____ to _____ mm/yy mm/yy		

Membership in Professional or Civic Organization	
<i>(Exclude those which may disclose your race, color, religion or national origin)</i>	

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment records. Start with your present or most recent employer.

1 Company Name	Contact Telephone ()
Address	Employed – (State month and year) From: To:
Name of Supervisor	Annual Pay: Start: Last:
State Job Title and Describe Your Work	Reason for leaving:

2 Company Name	Contact Telephone ()
Address	Employed – (State month and year) From: To:
Name of Supervisor	Annual Pay: Start: Last:
State Job Title and Describe Your Work	Reason for leaving:

3 Company Name	Contact Telephone ()
Address	Employed – (State month and year) From: To:
Name of Supervisor	Annual Pay: Start: Last:
State Job Title and Describe Your Work	Reason for leaving:

4 Company Name	Contact Telephone ()
Address	Employed – (State month and year) From: To:
Name of Supervisor	Annual Pay: Start: Last:
State Job Title and Describe Your Work	Reason for leaving:

5 Company Name	Contact Telephone ()
Address	Employed – (State month and year) From: To:
Name of Supervisor	Annual Pay: Start: Last:
State Job Title and Describe Your Work	Reason for leaving:

We may contact the employers listed on previous page unless you indicated those you do not want us to contact.	DO NOT CONTACT
	Employer Number (s) _____ Reason _____

DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED
<input checked="" type="checkbox"/>
The information requested in this section is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status and sexual preference.
Are you a veteran? Yes No
Are you over 18 years of age? Yes No If not, employment is subject to verification of age.
Have you ever been convicted of a crime, which has not been annulled, expunged or sealed by a court? Yes No If "Yes", please explain in full.
State names of relatives and friends working for us, other than your spouse.
Who referred you to us?

S I G N A T U R E	<p>The information provided in this Application for Employment is true, correct, and complete. If employed, any mistreatment or omission of fact on this application may result in my dismissal.</p> <p>I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.</p> <p>If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.</p>
	_____ Date Completed / Submitted
	_____ Candidate/Applicant Signature

SUPPLEMENTAL APPLICATION

1. Paladin is a people business with client service and satisfaction as one of its primary goals. How do you feel you can contribute to our goals?

2. Why do you want this job and how does it fit in with your future plans?

3. What did you like best about your last job?

4. What did you like least about your last job?

5. Think back to the supervisors that you have had in the past. Which one did you like the best and why?

6. Which supervisor did you like the least and why?

7. What area of your skills/professional development needs improvement and how will this be accomplished?

8. How would you define a productive work atmosphere?

DISCLOSURE STATEMENT

IN CONNECTION WITH YOUR APPLICATION FOR EMPLOYMENT, A CONSUMER REPORT AS DEFINED IN THE FEDERAL FAIR CREDIT REPORTING ACT MAY BE OBTAINED BY THE EMPLOYER (OR AN AGENT OF THE EMPLOYER) FOR EMPLOYMENT PURPOSES. THIS WILL PROVIDE OTHER INFORMATION ON YOU TO THE EMPLOYER.

I, _____, acknowledge that I have received and understand the above disclosure statement and enclosed Summary of Consumer Rights, and I do hereby authorize the procurement of a Consumer Report by Paladin Data Systems Corporation and/or its agents.

Signature of Candidate/Applicant

Date Signed

Note: Do not complete this form if you have not been interviewed for an available position.

PALADIN DATA SYSTEMS CORPORATION

**DISCLOSURE:
OBTAINING AN INVESTIGATIVE CONSUMER REPORT
PURSUANT TO 15 U.S.C. 1681d(a)**

As part of its recruiting and hiring process, Paladin Data Systems Corporation may obtain an investigative consumer report for employment purposes. This may include information as to your character, general reputation, personal characteristics, and mode of living.

You have the right to request additional disclosures from Paladin under the Fair Credit Reporting Act. Upon your written request, made within a reasonable time, Paladin will send you information regarding the nature and scope of investigation within five days of receiving your written request. You may have additional rights under federal law, as summarized in the enclosed notice.

This disclosure is made pursuant to the Fair Credit Reporting Act, 15 U.S.C. §1681d(a).

Note: *The FCRA requires that a consumer must be notified in writing of the intent to obtain an investigative consumer report not later than three days after the date on which the report was first requested, and such notification must include a statement informing the consumer of the right to request additional disclosures and a written summary of the consumer's rights.*

FAIR CREDIT REPORTING ACT

Consumer Rights Notice

Appendix A to Part 601

Prescribed Summary of Consumer Rights

The prescribed form for this summary is as a separate document, on paper no smaller than 8x11 inches in size, with text no less than 12-point type (8-point for the chart of federal agencies), in bold or capital letters as indicated. The form in this appendix prescribes both the content and the sequence of items in the required summary. A summary may accurately reflect changes in numerical items that change over time (e.g., dollar amounts, or phone numbers and addresses of federal agencies), and remain in compliance.

A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA

without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies. Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors and others not listed below.	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 (202) 326-3761
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

PALADIN DATA SYSTEMS CORPORATION

**AUTHORIZATION TO OBTAIN CONSUMER REPORT
PURSUANT TO 15 U.S.C. §1681b(b)(2)(B).**

I authorize Paladin Data Systems Corporation to obtain a consumer report for employment purposes. I understand that an inquiry may include, but is not limited to: criminal records, motor vehicle records, credit records, address verification, civil court records, bankruptcy records, personal or professional references, education verification, and copies of prior personnel files. An inquiry may be made as part of a pre-employment screening process as well as at any time during the course of employment with the company. No additional notice or authorization shall be needed for future inquiries and to obtain additional consumer reports.

Name of Authorizing Consumer: _____
(Please Print)

Signature of Authorizing Consumer: _____

Date form completed/submitted: _____

This authorization and disclosure is pursuant to the Fair Credit Reporting Act, 15 U.S.C. §1681b(b)(2)(B). The FCRA requires that a consumer must authorize in advance the procurement of a consumer report for employment purposes.

Note: Do not complete this form if you have not been interviewed for an available position.

AUTHORIZATION TO OBTAIN AN
EMPLOYMENT / EDUCATION VERIFICATION

In connection with my application for employment, I understand that an inquiry may include, but is not limited to:

- *Employment Verification* - employer name and address, dates of employment, position held, salary, and contact name of employer's staff member who reported information.
- *Education Verification* - name of school/university attended, dates of attendance, major, degree(s) earned, and name of school/university staff who reported information.

Name of Authorizing Consumer: _____
(Please Print)

Signature of Authorizing Consumer: _____

Date completed/signed: _____

Note: Do not complete this form if you have not been interviewed for an available position.