PUBLIC IMPACT EMPLOYMENT APPLICATION

Instructions: Please print out the form, complete by printing legibly and sign on last page. Your completed and signed employment application may be scanned and emailed to hiring@publicimpact.com along with a cover letter and resume.

Our company ("Company") fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, sexual orientation, genetic information, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans with Disabilities Act and applicable federal, state and/or local laws, it is our policy to provide reasonable accommodation upon request during the application process to applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal, state and/or local employment laws and the information requested on this application will only be used for purposes consistent with those laws. To the extent required by applicable law, The Company maintains a smoke- free workplace.

PERSONAL DATA					
Position applying for:					
Salary expectations:					
Name:					
Last	Middle	First			
Street Address:					
City:	State:	Zip Code:			
Telephone:					
Email:					
Are you available for travel and out of tow Please state any limits or preferences:					
*Note: It is not necessary for you to identify observance or practice or any other protect will consider whether a reasonable accomm	ed classification. Subsequent to a				
Have you ever applied or worked at our Company before? ☐ Yes ☐ No					
If yes, provide dates:					
Are you legally authorized to work in the U	nited States? ☐ Yes ☐ No				
Will you now or in the future require sponsor ☐ Yes ☐ No	rship for employment visa status (e	e.g.,H-1B visa status)?			

Note: The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

If no,

Degree

Graduated

EDUCATION

Name, City and State of

Educational Institution

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:

Type of

Degree

Major/Minor

Grade Point/

Educational mattation	Yes	No	Credits Earned	Received or Expected	major/minor	Overall G
College or University						
College or University						
College or University						
College or University						
Licenses/ Certification/Other						
ors and awards, if any, o	obtained	from i	institutions li	sted above (aw	ard, institution, y	ear):
dership positions, if any,	held wh	nile atte	ending abov	e (title, organiza	ation, brief descri	ption):

any other employer that might restrict you from working for the Company?
□ Yes □ No
If yes, please explain:
Have you ever been terminated from a position or forced to resign in lieu of termination?
☐ Yes ☐ No If yes, please explain:

APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein and during the entire application process (including but not limited to any criminal record inquiries made following this application, resumes, attachments to this application, interviews or otherwise (if applicable)) are true and complete to the best of my knowledge.

I understand that any misrepresentations, omissions of facts or incomplete answers during the application process may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts during the application process may be cause for my dismissal at any time without prior notice.

I consent to and authorize the Company to contact my former employers and references (upon request), and any and all other persons and organizations for information bearing upon my qualifications for employment.

I further authorize schools and personal references to give the Company (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR THE COMPANY WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE COMPANY. I ALSO UNDERSTAND THAT MY AT-WILL EMPLOYMENT STATUS WITH THE COMPANY MAY ONLY BE ALTERED IN AN INDIVIDUAL CASE OR GENERALLY IN A WRITING SIGNED BY THE OWNER OF THE COMPANY.

I understand I may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests or submit to a background investigation. If I am offered employment or start work before any required test is completed, I understand that my employment

is contingent on a satisfactory result on all required tests. I authorize the release of any background check results to any state or federal authority requesting such information and in response to a valid subpoena or other legal document. I agree to sign any additional forms necessary for pre-employment checks and/or tests to be conducted.

CALIFORNIA APPLICANTS ONLY: I understand the Company of a third party investigative consumer reporting agency, public regeneral reputation, personal characteristics or mode of living duri employment and, if employed, during my employment. By check receive copies of public records obtained by the Company. □	ecords pertaining to my character, ing its evaluation of my application for
Signature: D	ate: