

## EMPLOYMENT APPLICATION

This application is with our group of companies: SUNZ Insurance Services, LLC, Verytus Holdings, LLC, and all affiliate subsidiary companies. We are an Equal Opportunity Employer. All persons shall have the opportunity to be considered for employment without regard to their actual or perceived race, color, creed, religion, national origin, ancestry, citizenship status, age, sex or gender (including pregnancy, childbirth, related medical conditions and lactation), gender identity or expression (including transgender status), sexual orientation, marital status, military service and veteran status, disability, protected medical condition as defined by applicable state or local law, genetic information or any other characteristic protected by applicable federal, state or local laws and ordinances.

We will endeavor to make a reasonable accommodation to the known limitations of a qualified applicant with a disability unless the accommodation would impose an undue hardship on the operation of our business. If you believe you require such assistance to complete this form or to participate in an interview, please let us know.

**California Residents:** Please review the California Consumer Privacy Act Notice at the conclusion of this Application for Employment form.

**Michigan Applicants:** Persons with disabilities needing accommodations for employment must notify the Company in writing of the need for an accommodation within 182 days after the date the person with a disability knew or reasonably should have known that an accommodation was needed.

**Rhode Island Applicants:** The Company is subject to Chapters 29-38 of Title 28 of the General Laws of Rhode Island, and is therefore covered by the state's workers' compensation law.

### GENERAL INFORMATION

LAST NAME	FIRST NAME	M.I.	DATE
STREET ADDRESS			HOME PHONE
CITY AND STATE			CELL PHONE
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Pursuant to the Immigration Reform and Control Act of 1986, all applicants who are offered employment must produce documents establishing their identity and authorization for employment in the United States. These documents must be produced no later than three (3) business days after employment commences. In addition, all new hires will be required to verify their employment authorization under oath by signing Form I-9 upon commencing employment.			EMAIL ADDRESS
			WHEN WILL YOU BE ABLE TO BEGIN WORK?
IF YOU ARE UNDER 18 YEARS OF AGE, DO YOU HAVE A WORK PERMIT IF REQUIRED BY APPLICABLE STATE LAW? <input type="checkbox"/> Yes/Not Applicable <input type="checkbox"/> No			

### EMPLOYMENT INFORMATION

POSITION DESIRED _____	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY
SALARY/RATE DESIRED _____ HOURS DESIRED _____	
IS THERE ANYTHING THAT WOULD PREVENT YOU FROM WORKING ANY DAY OR TIME OF THE WEEK OR REGULARLY WORKING OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify the reasons <b>It is not necessary for you to identify unavailability for work because of religious observance or practice, disability or medical condition, or any other protected classification. Subsequent to any job offer, we will consider whether a reasonable accommodation can be made.</b> _____ _____ _____	
HAVE YOU EVER BEEN EMPLOYED BY US? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date, location, title, name of supervisor and reason for leaving. _____	
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date _____	
DO YOU HAVE ANY RELATIVES WORKING FOR US? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify them _____	
HAVE YOU BEEN REFERRED BY ANYONE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify them _____	
ARE YOU SUBJECT TO ANY CONTRACTUAL OBLIGATIONS THAT WOULD RESTRICT YOUR ABILITY TO BE EMPLOYED BY THE COMPANY AND FULFILL ANY NECESSARY DUTIES? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, can you provide a copy of any applicable restrictive covenant or non-solicitation agreement?	

**PERSONAL REFERENCES**

PLEASE LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF TWO PERSONAL REFERENCES WHO HAVE KNOWLEDGE OF YOUR CAPABILITY TO PERFORM THE DUTIES OF THE POSITION YOU ARE SEEKING. PLEASE EXCLUDE RELATIVES AND FORMER EMPLOYERS.

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**EDUCATIONAL HISTORY**

NAME AND LOCATION	COURSE OF STUDY	DEGREE OR DIPLOMA
HIGH SCHOOL		
COLLEGE		
GRADUATE SCHOOL		
OTHER SCHOOLING (VOCATIONAL, POST-GRADUATE)		

**EMPLOYMENT HISTORY**

**Instructions for completing this section: Please print and list all prior employers, beginning with your PRESENT or MOST RECENT employer.** Please attach additional sheets to this application if necessary. Complete all requested information in full. Please include as part of your employment history any verified work performed on a volunteer basis and/or work performed while in the military.

EMPLOYER (first most recent)		EMPLOYER (second most recent)	
Address		Address	
City	State	City	State
Dates Employed:		Dates Employed:	
From	To	From	To
Supervisor	Phone	Supervisor	Phone
Positions Held		Positions Held	
Duties		Duties	
Reason For Leaving		Reason For Leaving	
EMPLOYER (third most recent)		EMPLOYER (fourth most recent)	
Address		Address	
City	State	City	State
Dates Employed:		Dates Employed:	
From	To	From	To
Supervisor	Phone	Supervisor	Phone
Positions Held		Positions Held	
Duties		Duties	
Reason For Leaving		Reason For Leaving	

IS THERE ANY REASON WHY WE SHOULD NOT CONTACT ANY CURRENT OR FORMER EMPLOYER FOR A REFERENCE? ☐ Yes ☐ No

If yes, please identify the employer and explain why not. \_\_\_\_\_

PLEASE INDICATE ANY JOB-RELATED SKILLS AND QUALIFICATIONS YOU POSSESS WHICH WOULD HELP YOU PERFORM THE DUTIES OF THE POSITION YOU ARE SEEKING.

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To the extent required by applicable law, the Company maintains a smoke-free workplace.

The Company considers this Application for Employment to be a part of the personnel record.

**Massachusetts Applicants:** Note that it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

**Maryland Applicants:** UNDER 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 A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature

### APPLICANT'S STATEMENT

I have read and fully understand the questions asked in this application. I certify that all of the answers I have given are true, accurate and complete. I understand that the omission and/or misrepresentation of any fact from or on this application or during any interview will result in immediate rejection of my application or if I am hired will be cause for immediate dismissal. Unless I noted otherwise, I authorize the Company to independently contact all my employment references and personal references, as well as the education institutions I have attended. I further authorize the Company to independently inquire about, investigate and obtain copies of any records which relate to me from my former employers and educational institutions. Subject to applicable law, I hereby release the Company and all affiliated persons and entities, as well as any person or institution that provides the Company with any lawful information about me, from any and all liability whatsoever resulting from any such lawful independent inquiry, investigation or communication.

If hired, I understand that I will be required to abide by all of the rules and regulations of the Company. I understand that nothing in this application shall constitute an offer, a contract or a guarantee of employment for a specific period of time. If hired, I understand **that my employment may be terminated with or without cause and with or without notice at any time, at the will of the Company or me. I further understand that no representative or agent of the Company, other than the President has the authority to enter into any agreement for employment, on an individual or collective basis, for any specific period of time, or to make an agreement contrary to the foregoing. I also understand that any agreement modifying at-will employment status, on an individual or collective basis, must be in writing and signed by the President.** In addition, I understand that the Company and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms and conditions of employment.

I hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to the Company.

**California Applicants Only:** I understand the Company may obtain, without using the services of a third party investigative consumer reporting agency, public records pertaining to my character, general reputation, personal characteristics or mode of living during its evaluation of my application for employment and, if employed, during my employment. By checking the following box, ☐ I waive my right to receive copies of public records obtained by the Company.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature

## **CALIFORNIA CONSUMER PRIVACY ACT NOTICE**

This notice describes the categories of personal information (“PI”) collected by [SUNZ Insurance Services, LLC, Verytus Holdings, LLC and all affiliate subsidiary companies] (“Company”) and the purposes for which Consumer PI may be used. We are providing this notice to you in accordance with California Civil Code Sec. 1798.100(b).

### **Categories of Personal Information Collected**

Identifiers and Contact information. This category includes names, addresses, telephone numbers, mobile numbers, email addresses, dates of birth, Social Security numbers, driver’s license or state identification numbers, bank account information, and other similar contact information and identifiers.

Protected classification information. This category includes characteristics of protected classifications under California or federal law.

Internet or other electronic network activity information. This category includes without limitation:

- all activity on the Company’s information systems, such as internet browsing history, search history, intranet activity, email communications, social media postings, stored documents and emails, usernames and passwords
- all activity on communications systems including phone calls, call logs, voice mails, text messages, chat logs, app use, mobile browsing and search history, mobile email communications, and other information regarding an Employee’s use of company-issued devices

Geolocation data. This category includes GPS location data from company-issued mobile devices and company-owned vehicles.

Audio, electronic, visual, thermal, olfactory, or similar information. This category includes, for example, information collected from cameras and similar devices, and/or thermometers.

Biometric information. This category includes fingerprint scans and related information, and certain wellness metrics.

Professional and employment-related information. This category includes without limitation:

- data submitted with employment applications including salary history, employment history, employment recommendations, etc.
- background check and criminal history;
- work authorization
- fitness for duty data and reports
- symptoms and other indicators of exposure to COVID-19
- travel information and information regarding close contacts
- performance and disciplinary records
- salary and bonus data
- benefit plan enrollment, participation, and claims information
- leave of absence information including religious and family obligations, physical and mental health data concerning employee/applicant and his or her family members

Education information. This category includes education history.

Inferences drawn from the PI in the categories above.

### Purposes Personal Information is Used

- Collect and process employment applications, including confirming eligibility for employment, background and related checks, checks regarding fitness for duty, onboarding, and related recruiting efforts
- Processing payroll and employee benefit plan and program design and administration including enrollment and claims handling, and leave of absence administration
- Maintaining personnel records and record retention requirements
- Communicating with employees/applicants and/or employees' emergency contacts and plan beneficiaries
- Complying with applicable state and federal labor, employment, tax, benefits, workers compensation, disability, equal employment opportunity, workplace safety, and related laws, guidance, or recommendations
- Preventing unauthorized access to, use, or disclosure/removal of the Company's property, including the Company's information systems, electronic devices, network, and data
- Ensuring and enhancing employee productivity and adherence to the Company's policies
- Investigating complaints, grievances, and suspected violations of Company policy
- Design, implement, and promote the Company's diversity and inclusion programs
- Facilitate the efficient and secure use of the Company's information systems
- Ensure compliance with Company information systems policies and procedures
- Improve safety of employees, applicants, customers and the public with regard to use of Company property and equipment
- Improve efficiency, logistics, and supply chain management
- Improve accuracy of time management systems
- Evaluate an individual's appropriateness for a particular position at the Company, or promotion to a new position
- Customer engagement and other legitimate business purposes

To carry out the purposes outlined above, the Company may share information with third parties, such as background check vendors, third-party human resources and information technology vendors, outside legal counsel, and state or federal governmental agencies. The Company may add to the categories of PI it collects and the purposes for which it uses PI. In that case, the Company will inform you.

If you have questions about this notice, you may call Human Resources: **(941) 306-3077 Ext 1162**.

By signing below I acknowledge that I have received, read, and understand the CALIFORNIA CONSUMER PRIVACY ACT NOTICE.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date