

Name of Axon Client Company (if known)

How did you hear about the position for which you are applying?

As part of the application process, Axon may conduct background checks on applicants.

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all federal, state and local laws prohibiting employment discrimination based solely on a person's race, color, religious creed, sex, national origin, ancestry, citizenship status, pregnancy, childbirth, physical disability, mental disability, age, military status or status as a Vietnam-era or special disabled veteran, marital status, registered domestic partner or civil union status, gender (including sex stereotyping and gender identity or expression), medical condition (including, but not limited to, cancer related or HIV/AIDS related), genetic information, sexual orientation, or any other protected status except where a reasonable, bona fide occupational qualification exists.

-PLEASE TYPE OF PRINT IN INK -				Today's Date		
First Name	MI	Last Name	2	Last 4 Digits of So	Last 4 Digits of Social Security Number	
Current Mailing Address			How long at current address?			
City		County	State	Zip Code		
Daytime Telephone	Home Telephone	2	E-mail Address			
Position for which you are applying		Date available for work	What is your minin	num salary requirement?		
Check the following option you would consider Full-Time Part-Time Temporary			If part-time, specify hours and days available			
Are you subject to any type of agreement with a current or former employer or entity that would restrict your ability to work at Axon?						

EDUCATION & TRAINING

	SCHOOL NAME	CITY AND STATE	DEGREE/DIPLOMA	DEGREE
			MAJOR COURSE OF STUDY	RECEIVED ?
High School				Yes No
GED				Yes No
Colleges *				Yes No
Graduate School				Yes No
Trade School				Yes No

* Only list colleges or universities accredited by the Deapartment of Education (DOE). The DOE maintains a database of accredited institutions at http://ope.ed.gov/accreditation. It is your responsibility to verify accreditation.

List course work undertaken or degree/diploma received from an unaccredited college, as well as any other education, training, special skills						
or certificates/licenses that you possess	related to the job.					
Professional License/Certification #	Professional Licens	se/Certification Type	Issuing Agency	Stated Issued	Expiration Date	
Professional License/Certification #	Professional Licens	e/Certification Type	Issuing Agency	Stated Issued	Expiration Date	
	Tiolessional Electris	er certification Type	issuing Ageney	Stated Issued	Expiration Date	
List any machines, equipment or software programs on which you are qualified and experienced in operating.						
List any languages that you speak fluently List any languages that you read/write fluently						
If you are applying for a position which involves driving a motor vehicle in the course and scope of the employment duties, Yes No						
please indicate whether you have a valid driver's license in this state.						

GENERAL INFORMATION

APPLICANT NAME _____

Can you, after employment, submit verification of	Yes No	Are you 16 years old or o	
Your legal right to work in the United States?		\Box No \Box Yes	Age: $\Box 16 \ \Box 17 \ \Box 18 \text{ or over}$
Were you previously employed by Axon?	🗌 Yes 🗌 No	If yes, give dates:	
		From: (month/year)	To: (month/year)
Can you perform the essential functions of the job?	Yes No		
List any relatives working for Axon:			

EMPLOYMENT HISTORY (List all work experience beginning with the present or most recent job. Use back of application, if necessary).

Name of Employer	Name of Employer				Type of Business		
Address			City	State	Zip code		
Title					Telephone Number		
Name and Title of Super-	visor				Employment urt-Time		
May we Contact?Employed from (month/year)Employed to (month/year) \Box Yes \Box No				Last Sala \$	Last Salary		
Brief Description of Duti	es			Reason f	or leaving		
Name of Employer				Type of I	Business		
Address			City	State	Zip code		
Title			·	Telephor	ne Number		
Name and Title of Super-	visor				Employment art-Time		
May we Contact?				Last Salary \$			
Brief Description of Duties					Reason for leaving		
Name of Employer				Type of Business			
Address			City	State	Zip code		
Title				Telephor ()	Telephone Number		
Name and Title of Super-	visor				Employment art-Time		
May we Contact?	Employed from (month/year)	En	nployed to (month/year)	Last Salary \$			
Brief Description of Duti	es			Reason f	Reason for leaving		
Name of Employer				Type of Business			
Address			City	State	Zip code		
Title					Telephone Number		
Name and Title of Supervisor					Type of Employment		
May we Contact?				Last Salary \$			
					or leaving		

ADDITIONAL INFORMATION

Name of Employer			Type of Business				
Address			City	State	Zip code		
Title					Telephone Number		
Name and Title of Superv	isor				Employment rrt-Time		
$\begin{array}{c} May we Contact? \\ \Box Yes \ \Box No \end{array}$	Employed from (month/year) Employed to (month/year)			Last Salary \$			
Brief Description of Dutie	28			Reason f	for leaving		
Name of Employer				Type of 1	Business		
Address			City	State	Zip code		
Title				Telephor ()	ne Number		
Name and Title of Supervisor			Type of Employment				
May we Contact?	Employed from (month/year)	Em	ployed to (month/year)	Last Sala \$	ury		
Brief Description of Dutie	28			Reason f	for leaving		

CRIMINAL RECORD INFORMATION (Instructions for answering the next two questions below):

- A. All applicants. Do not include convictions that were sealed, eradicated, erased, annulled by a court, expunged, pardoned, or withdrawn.
- B. District of Columbia, Illinois, and Rhode Island Applicants. Do not respond to the second question (regarding pending charges.)
- C. California Applicants. Do not include: a misdemeanor conviction for possession or transportation of a small amout of marijuana (28.5 grams or less) if the conviction is more than two (2) years old; participation in any pretrial or post trial diversion program for drug or alcohol rehailitation; or a misdemeanor conviction for which probation was successfully completed or otherwise discharged and the case was judicially dismissed.
- D. Colorado Applicants. Exclude information involving any record of civil or military disobedience unless such matters resulted in a plea of guilty or a conviction by a court of competent jurisdiction.
- E. **Connecticut Applicants.** You are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased. Criminal records subject to erasure are: records pertaining to a finding of delinquency or the fact that a child was a member of a family with service needs; an adjudication as a youthful offender; a criminal charge that has been dismissed or nulled (not prosecuted); a criminal charge for which the person was found not guilty; or a conviction for which the offender received an absolute pardon. Any person whose criminal records have been erased is deemed to have never been arrested within the meaning of the law as it applies to particular proceedings that have been erased, and may so swear under oath.
- F. Hawaii Applicants. Do not answer the following two questions.
- G. Massachusetts Applicants. Do not answer the following two questions.
- H. Michigan Applicants. Regarding pending charges, limit your response to felony offenses.
- I. City of Philadelphia (Pennsylvania) Applicants. Do not respond to the first question (regarding convictions/pleas).
- J. Utah Applicants. Regarding convictions, limit your response to felony convictions. Do not respond to the second question (regarding pending charges).

1. Convictions/ Pleas. In the past ten (10) years, have you ever been convicted of, or plead guilty	Yes No
or no contest to, any criminal offense other than any applicable exceptions listed above?	
2. Pending Charges. Have you been arrested for any matters for which you are now out on bail or on	\Box Yes \Box No
your own recognizance pending trial	
CRIMINAL RECORDS:	

If you answered Yes to either of the above two questions, please provide the date(s) and describe that criminal record so the individual circumstances can be considered. Criminal convictions or arrest will not automatically disqualify and applicant from employment.

ADDITIONAL INFORMATION

APPLICANT NAME

BUSINESS REFERENCES (List three individuals, in addition to listed employment references, known to you for at least three years).

NAME	OCCUPATION/ASSOCIATION	TELEPHONE	
1.)			
2.)			
3.)			

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, honors received, etc. You may omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin, or disability.

AGREEMENT (Please read the following statement carefully).

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsification or significant omission of information requested in this application or in the application process may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give Axon any and all information concerning my previous employment and education and any pertinent information they may have, peronal or otheriwse, and release all parties, such persons and Axon, from liability for any damage that may result from furnishing same to Axon.

I understand that Axon will provide workers' compensation insurance coverage for its employees. In the event of an injury in the workplace, I agree that my sole remedy lies in coverage under Axon's workers' compensation insurance policy.

If employed by Axon, I agree to abide by the policies and procedures. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of Axon or myself. I further understand that no manager or representative from Axon has any authority to enter into any agreement, oral or written, on behalf of Axon for a term of employment or to make any assurance or promise of continued employment.

I understand that Axon may obtain a consumer and/or investigative consumer report for employment purposes that may include information regarding prior employment, work experience and performance, reasons for employment termination, and infromation as to character, general reputation, personal characteristics, or mode of living. The report may also contain records check of driving, criminal, credit, education, degrees, professional licenses and/or certification records depending on the position. By signing this application, I authorize the procurment of a consumer and/or investigative consumer report by Axon as a part of the pre-employment background investigation and if hired, at any time during my employment. California Applicants: I further understand that Axon may obtain Public Records about me as part of an internal background investigation and that I may waive my right to receive a copy of suck Public Records by checking this box:

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 SMILIAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

I understand and agree that, subject to applicable law, I may required to take a drug and alcohol screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test results to axon. I understand that any positive drug or alcohol result may preclude my employment.

SIGN AND DATE THE FORM

Applicant's Signature	Date Signed (mm/dd/yyyy)
Print Full Name	Last 4 Digits of Social Security Number

AXON | ENERGY PRODUCTS

Instructions: Sign and return this completed form with the Application for Employment

• Applicants must complete all sections of this form and submit it with the completed and signed "Application for Employment" form. California applicants must also include a singed "Summary of Your Rights Under California Civil Cod 1786.22."

APPLICANT INFORMATIO	N (Print Clearly)					
Name of Company (if application	Name of Company (if applicable and known)					
ensure the correct i				ormation is requested b nd agencies.		
First Name N	Middle Name		Last Name		So	ocial Security Number
Other Name(s) Used		Date of Birth (mn	n/dd/yyyy)	Driver's License Nur	nber	Driver's License State
Current Mailing Address		I		1	County	
City					State	Zip Code
						r
DISCLOSURE OF INTEN						
By signing below, you acknowle application with Axon. Consum records, credit records, etc. Inve through any means in Califonia) for a summary of consumer righ investigation is provided below.	her reports include stigative consume on information as ts and a disclosure	record checks condu r reports include inv s to character, genera e of the nature and so	ucted by consume estigations condu al reputation, pers cope of an investi	r reporting agencies and n cted by consumer reportin onal characteristics, or mo gation. A disclosure of the	nay include d ag agencies th ode of living. e general nati	riving records, criminal rough personal interview (or You make a written request ure and scope of such
DISCLOSURE OF NATUR						
In the event we request an invest investigative consumer report ba references for information regar- character, general reputation, po degrees, professional licenses, an	ased on the follow ding prior employ erson characteristi	ing investigation: The ment, work experien cs, or mode of living	ne agency may int ace and performar g. The agency with	erview your former emplo ice, reasons for employme	oyers, busines nt ermination	ss references, and/or personal a, and information as to
AUTHORIZATION	C	1/ • • • •		· 1 A 1'		1.1.7 1 .1
I authorize the procurement of apply in the next 90 days as p						
Applicant Signature:	part of the pre-en	npioyment backgr		ion and it infed, at any t	ine during	Date (mm/dd/yyyy)
ripplicant Signature.						Date (min/dd/yyyy)
Parent/Guardian Signature if	Applicant is Mi	nor (under age of	18)			Date (mm/dd/yyyy)
California, Minnesota and	To receive a f	ree copy by regula	r mail of any cr	edit, consumer or inves	tigative con	sumer report obtained,
Oklahoma Applicants		e by checking this				-
Only				our e-mail address:		
		applicants, a sumr	nary of the cons	umer rights provisions	of Californi	a Civil Code Section
Minnesota Applicants			request to the co	onsumer reporting agen	cv for infor	mation on the nature and
Only		nsumer report prep	-	1 0 0		
Maine Applicants Only	-			e consumer reporting ag	gency a copy	y of an investigative
						ay request from us (and
				ess, and telephone num	ber of the co	onsumer reporting agency's
		designated to hand		1 0.1 1		
Massachusetts and New Jer		•				nsumer report upon request
New York Applicants Only						ew York Correction Law. ve consumer report was
				he name and address of		
						any report by contacting
		reporting agency.		j	г, э г	, ₁ , ,
California, Connecticut,				owledge that Axon will	not obtain	information about my credit
Illinois, Maryland, Oregon	worthiness, cr	edit standing, or ci	redit capacity u	nless the information is	substantiall	y job-related and the
and Washington	reasons for u	sing the information	on are disclosed	to me in writing, or the	information	n is required by law.
Applicants only			n Diago un donat	1.1		

You are not required to provide the year of your birth date on this form. Please understand that in order to conduct certain background checks and increase the accuracy that the infromation obtained is your infromation, you may receive a call, inquiring about your year of birth. Failure to respond to any such inquiry may cause a delay in the processing of your background check and/or may result in a background check not being completed at all, which could negatively impact the hiring process.