

APPLICATION

I. General Information

1. Applicant's Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
2. Contact: _____ Title: _____ Phone: (____) _____
Email: _____ Website Address: _____
3. Nature of Operations: _____

4. Attach an Organizational Chart, if available.
5. Ownership: Privately Held Publicly Traded, # of years in business: _____
6. Business Type: Joint Venture / Corporation Partnership LLC C-Corp
 S-Corp Other (explain): _____
7. Date of Incorporation: _____ State of Incorporation: _____
Number of Locations: _____
8. List all subsidiaries (attach separate sheet if needed):

9. Employee Count Current Year
Full-time Employees _____
Part-time Employees (include seasonal and leased employees) _____
Leased and Temporary Employees _____
Total _____
10. Total number of W-2's at last Year-end? _____
11. Of the current total, how many employees are in the various states in which you do business (i.e., CA – 100; NY – 1,000):

12. Number of employees in Union or subject to collective bargaining agreement? _____
13. What percentage of employees has turned over:
In the last year? _____ In the last two years? _____
14. Do you have a full-time Human Resource Director? Yes No If not, who in your firm is responsible for HR? _____
15. Does the Applicant use outside counsel for employment advice? Yes No
16. Will your program require Spanish language documents? Yes No

General Information (cont.)

17. Do you currently have or previously had Employment Practices Liability Insurance coverage? Yes No If yes: Limit: _____
Premium: _____ Deductible: _____
Insurer: _____ Expiration Date: _____

II. Background

1. Has the Applicant, any subsidiary or any of its then existing employees been the subject of, or involved in, any of the following in the past five (5) years:
- a. Wrongful Termination claim? Yes No
 - b. Wage and Hour claim? Yes No
 - c. Employee class action or collective action lawsuit? Yes No
 - d. Wrongful termination claim? Yes No
 - e. Discrimination or Harassment Claim (Race, Sex, Religion, etc.)? Yes No
 - f. Any disciplinary action by the EEOC, DOL or other regulatory agency? Yes No
 - g. Received notice of any potential employment-related claim? Yes No
2. Does the Applicant have written procedures in place for the following:
- a. Hiring / interviewing? Yes No
 - b. Employment at-will statement? Yes No
 - c. Employment evaluations? Yes No
 - d. Employee terminations? Yes No
 - e. Discrimination? Yes No
 - f. Workplace harassment? Yes No
 - g. Accommodating the disabled? Yes No
 - h. Use of Company electronic mail, voice mail, and Internet access? Yes No
 - i. Grievance and discipline policies and procedures? Yes No
 - j. Orientation of all new employees? Yes No
3. Do you distribute written guidelines or procedures to all employees? Yes No
4. Have all management staff and officers attended a training and education program on harassment and discrimination in the last eighteen (18) months? Yes No
5. Does the Applicant ever perform any genetic testing or drug testing to screen personnel for employment or to promote or monitor employees? Yes No

Signature: _____ **Date:** _____

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