

NITELINES USA, INC.

FEDERAL SERVICES CORP.

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PERSONAL INFORMATION

LAST NAME FIRST NAME MIDDLE NAME

SOCIAL SECURITY # DATE OF BIRTH PLACE OF BIRTH

STREET ADDRESS CITY STATE ZIP

PRIMARY EMAIL ADDRESS CELL PHONE HOME PHONE

PREFERRED METHOD OF CONTACT: EMAIL CELL HOME

GENDER: MALE FEMALE

DRIVER'S LICENSE # STATE EXP. DATE

JOB SITE POSITION START DATE

FOR E.E.O.C. COMPLIANCE, PLEASE SELECT YOUR RACE:

- WHITE/CAUCASIAN
- BLACK/AFRICAN AMERICAN
- HISPANIC/LATINO
- ASIAN
- AMERICAN INDIAN or NATIVE ALASKAN
- NATIVE HAWAIIAN or PACIFIC ISLANDER
- TWO OR MORE RACES

EDUCATION

HIGH SCHOOL, STATE MAJOR DATE DEGREE AWARDED

COLLEGE, STATE MAJOR, DEGREE DATE DEGREE AWARDED

POST-GRADUATE, STATE MAJOR, DEGREE DATE DEGREE AWARDED

MILITARY

BRANCH RANK DISCHARGE DATE

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EMERGENCY NOTIFICATION

EMERGENCY CONTACT NAME

RELATIONSHIP

STREET ADDRESS

CITY

STATE

ZIP

PRIMARY EMAIL ADDRESS

CELL PHONE

HOME PHONE

NiteLines USA, Inc. prides itself on being an Equal Opportunity Employer. We will not discriminate in employment because of sex, age, race, physical disability, religion, ethnicity, mental disability, marital status, ancestry, or place of origin.

I hereby state that all information provided is accurate and may be verified by NiteLines USA, Inc.

I agree that I may be discharged if NiteLines USA, Inc., should verify any information provided in this employee data form to be false or inaccurate. I hereby release NiteLines USA, Inc., its affiliates, successors, and assignees, and all references from any liability that might be claimed because of information provided by me.

I agree that I will follow all Company policies, rules, procedures, and all other directions pertaining to my employment. I understand that NiteLines USA, Inc. reserves the right to add, change, and/or delete any policies, procedures, work rules, and/or benefits at any time.

SIGNATURE

_____/_____/_____
DATE

PRINTED NAME

CONSIDERATION OF EMPLOYMENT WILL NOT BE GIVEN TO ANY APPLICANT AND/OR EMPLOYEE WHO DOES NOT SIGN THE ABOVE STATEMENT.

Note: Additional personal information may be required to complete personnel files.