

EOE Statement

STARRY, Inc. is an equal employment opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status or any other characteristic protected by law.

Personal Information

Candidate:		Date Created:	
		Date of Application:	
Position:		Application Method:	
Location:		Referral Source:	
Main Phone:		Alternate Phone:	
Address:			
Email Address:			

Education

Institution:		Institution Type:	
Location:		Start Date:	Completion Date:
Degree:			
Major:			
Notes:			

Employment History

Employer:			
Phone:			
Job Title:			
Duties:			
Reason for Leaving:			
Dates of Employment:	<i>From:</i>	<i>To:</i>	Rate of Pay:
Supervisor:			
May we contact?			
Employer:			
Phone:			
Job Title:			
Duties:			
Reason for Leaving:			
Dates of Employment:	<i>From:</i>	<i>To:</i>	Rate of Pay:
Supervisor:			
May we contact?			
Employer:			

Employment History continued...

Phone:			
Job Title:			
Duties:			
Reason for Leaving:			
Dates of Employment:	From:	To:	Rate of Pay:
Supervisor:			
May we contact?			

US Military Experience

Branch of Service:			
Rank at Discharge:		Years in Service:	
Highest Rank Attained:		Are you currently in the reserves?	
Additional Information:			

Skills Experience

Skill:			
Last Used:		Skill Level:	Years of Experience:
Skill Summary:			
OE^Á[~ Á ~ ää * ~ æ?			
Language Proficiency			
Skill:			
Last Used:		Skill Level:	Years of Experience:
Skill Summary:			
OE^Á[~ Á ~ ää * ~ æ?			
Language Proficiency			
Skill:			
Last Used:		Skill Level:	Years of Experience:
Skill Summary:			
OE^Á[~ Á ~ ää * ~ æ?			
Language Proficienc^			

Licenses and Certifications			
Certification Type:		Registration Number:	
Geographic Area:		Certification Date:	
Additional:			
Certification Type:		Registration Number:	
Geographic Area:		Certification Date:	
Additional:			
Certification Type:		Registration Number:	
Geographic Area:		Certification Date:	
Additional:			

Work Schedule	
Day	Hours Available for Work

Previous Names	
Name:	
Name:	
Name:	

Previous Addresses			
Address:		From:	To:
Address:		From:	To:
Address:		From:	To:

Drivers License Information			
Name:		Driver's License #:	
Expiration Date:		State Issued:	
License Type:		Class:	
Endorsements:			

Drivers License - Accidents	
Please indicate the number of motor vehicle accidents for which you have been cited for a moving violation in the past three years?	0

Drivers License - Accidents continued...

Date of Accident:		Location:	
Description:			

Drivers License - Citations

Please indicate the number of motor vehicle Citations for which you have been cited for a moving violation in the past three years? **0**

Date of Citation:		Location:	
Nature of Citation:			
Fine or Penalty:			

Drivers License - Suspensions

Please indicate the number of times in the last three years that your drivers license has been suspended or revoked? **0**

Date of Suspension:	From:	To:	Location:	
Reason for Suspension:				

Criminal History

Have you been convicted of a crime?

Agency:				
Type of Crime:				
Disposition:				
Date Involved:		County:		
Explanation:				
Agency:				
Type of Crime:				
Disposition:				
Date Involved:		County:		
Explanation:				
Agency:				
Type of Crime:				
Disposition:				
Date Involved:		County:		
Explanation:				

References

Name:		Personal Reference?	
Organization:		Title:	
Phone:		Email:	

References continued...

Address:			
Name:		Personal Reference?	
Organization:		Title:	
Phone:		Email:	
Address:			
Name:		Personal Reference?	
Organization:		Title:	
Phone:		Email:	
Address:			

Additional Information

Please read carefully before signing

STARRY, Inc. retains the right to verify all information provided by me. In the process of such verification, I fully authorize STARRY, Inc. to contact any person, school, organization, or employer listed to disclose all information necessary to verify information or statements. I release all persons who disclose such information from any liability or damages to me or anyone acting in my name. I waive any written notice of the release of such information that may be required by any state or federal law. Any falsification, misrepresentation, or omission, whenever discovered, shall be considered legitimate and sufficient grounds for dismissal.

If hired, my employment with STARRY, Inc. is at-will. This means that I may terminate my employment at any time. Similarly, the company may terminate my employment at any time, with or without cause.

Print Name:

eSignature: Date: **08/27/2021**

Polygraph Statement

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, POLYGRAPH, OR SIMILAR TEXT.

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

Polygraph Statement continued...

UNDER MASSACHUSETTS LAW, IT IS UNLAWFUL FOR AN EMPLOYER TO REQUIRE OR TO ADMINISTER A LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT.

AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

FEDERAL AND/OR STATE LAW MAY PROHIBIT THE USE OF LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS WELL.