

Application for Employment

San Antonio, TX ☐ Austin, TX ☐ Grapevine, TX ☐ Herdon, VA ☐ London, UK ☐

Rackspace Managed Hosting is an Equal Opportunity Employer and fully subscribes to, as well as practices, the principles of Equal Employment Opportunity. Therefore, we do not discriminate on the basis of race, color, religion, sex, national origin, age to the extent protected by law, marital status, or handicap in the recruitment, selection, placement, training, compensation, and promotion of our employees.

Personal Information *(False or incomplete information is grounds for dismissal.)*

First Name _____ Middle Initial _____ Last Name _____ Social Security Number _____

Please indicate any name you would prefer to go by _____

Current Address: Street _____ Apt./Suite # _____ City _____ State _____ Zip _____

Previous Address: Street _____ Apt./Suite # _____ City _____ State _____ Zip _____

Phone Number _____ Message Number _____ Email Address _____

If under the age of 18, give date of birth _____ Can you, after employment, submit verification of your legal right to work in the U.S.? Yes ☐ No ☐

Have you ever been employed by Rackspace Managed Hosting? Yes ☐ No ☐ If so, when, where and what position _____

Do you have a friend or relative employed by Rackspace Managed Hosting? Yes ☐ No ☐ If yes, who? _____

Were you referred to Rackspace Managed Hosting by anyone? Yes ☐ No ☐ If yes, who? _____

Have you ever been convicted of, received deferred adjudication, and/or do you have any decisions pending regarding any criminal offense, including DUI (felony or misdemeanor)? Exclude minor traffic violations. Conviction does not necessarily prevent employment.

Yes ☐ No ☐ If yes, list conviction(s), deferrals, and pending decisions along with date(s), location of court, and penalty. _____

Do you have any physical, mental, or health problems that would prevent you from performing the job requirements of the position for which you are applying, or that should be considered in job placement?

Yes ☐ No ☐ If yes, please explain the problem and list any reasonable accommodations required to perform successfully on the job. _____

Are you willing to work overtime if requested? Yes ☐ No ☐

Can you travel overnight if required? Yes ☐ No ☐

Do you have reliable means of transportation in order to comply with the work schedule of the position for which you are applying? Yes ☐ No ☐

Employment Information

Salary expected _____ Date available _____ Full-time ☐ OR Part-time ☐ OR Temporary ☐

Are there any hours or days you cannot or will not work? Yes ☐ No ☐ If yes, please specify _____

(Complete only if the position applied for requires driving a motor vehicle.)

Do you have a valid driver's license? Yes ☐ No ☐ State _____ Number _____

Educational Skills *If you attended school under a name different than above, please write that name next to the school. (False or incomplete information is grounds for dismissal.)*

High School
Name, City, State _____ Degree Type: (GED/Diploma) _____ Received? Yes ☐ No ☐ Year Received _____

College
Name, City, State _____ Degree Type: (Assoc/BA) _____ Received? Yes ☐ No ☐ Year Received _____

Graduate School
Name, City, State _____ Degree Type: (Assoc/BA/MBA) _____ Received? Yes ☐ No ☐ Year Received _____

Trade/Technical School
Name, City, State _____ Degree Type: (Assoc/BA/MBA) _____ Received? Yes ☐ No ☐ Year Received _____

In what languages, other than English, are you fluent? _____

In what computer languages are you proficient? _____

List Certifications: _____

Personal History and References *(False or incomplete information is grounds for dismissal.)*

Please list all jobs held for the past ten years beginning with your present or last employer. Account for all periods of unemployment, military service or volunteer work. Use an additional form if necessary. Add personal references if you have less than three prior employers. If you are or have been employed under a maiden or other name, please enter that name in the left margin.

Company Name _____ Address _____

Phone Number _____ Name of Supervisor _____ Your Job Title _____

Your Responsibilities _____

Date Started _____ Date Left _____ Starting Wage _____ Ending Wage _____ Reason for Leaving _____

Company Name _____ Address _____

Phone Number _____ Name of Supervisor _____ Your Job Title _____

Your Responsibilities _____

Date Started _____ Date Left _____ Starting Wage _____ Ending Wage _____ Reason for Leaving _____

Company Name _____ Address _____

Phone Number _____ Name of Supervisor _____ Your Job Title _____

Your Responsibilities _____

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Company Name _____ Address _____

Phone Number _____ Name of Supervisor _____ Your Job Title _____

Your Responsibilities _____

Date Started _____ Date Left _____ Starting Wage _____ Ending Wage _____ Reason for Leaving _____

I understand that this application will be given every consideration but is not a promise of employment.

I understand that if I am hired, my employment is "at-will" and will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has authority to modify this relationship or to make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I consent to the disclosure of the results of the physical examination and related tests to the Company. I also understand that I may be required to take other tests, such as personality and honesty tests, prior to employment and during my employment.

I understand that the Company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared. I further understand that the Company may contact my previous employers, and I authorize those employers to disclose to the Company all records pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company and release them from any and all liability, claims, or damages that directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable to me.

I hereby state that all of the information that I provide on this application and in any interview is true and accurate. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed.

Do Not Sign Until You Have Read The Above Statement.

Signed _____ Date _____

NOTICE REGARDING BACKGROUND INVESTIGATION



NOTICE AND ACKNOWLEDGMENT
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

Rackspace may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may include employment history and reference checks, criminal and civil litigation history information, motor vehicle records ("driving records"), sex offender status, credit reports, education verification, professional licensure, drug testing, Social Security Verification, and information concerning workers' compensation claims (only once a conditional offer of employment has been made). You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Employment Screening Services, 1401 Providence Park Birmingham, AL 35242, toll-free 866.859.0143 or another outside organization. The scope of this notice and authorization is all-encompassing; however, allowing Rackspace to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by ESS, another outside organization acting on behalf of Rackspace. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. ?

Minnesota and Oklahoma applicants or employees only : Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ?

New York applicants or employees only : You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

Signature of Employee or Prospective Employee

Date

APPLICANT INFORMATION TO BE COMPLETED BY APPLICANT

The following is for identification purposes only to perform the background check and will not be used for any other purpose: PLEASE USE BLACK INK.

Print: Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____ Social Security Number _____ Drivers License Number _____ State _____

Maiden Name/Alias Name (other names known by) _____

Current Address: _____ City _____ State _____ Zip Code _____

Other Cities and States lived in during the past seven years:

City: _____ State: _____ Dates: _____ to _____

City: _____ State: _____ Dates: _____ to _____

City: _____ State: _____ Dates: _____ to _____

City: _____ State: _____ Dates: _____ to _____

Rackspace Standard Package : ☐

Requestor's Name: _____

Additional Searches

- ☐ Social Security Trace
- ☐ Statewide Criminal
- ☐ County Criminal
- ☐ USOne Search

- ☐ Employment Verification
- ☐ Education Verification

Affirmative Action Questionnaire

Name: _____ Date: _____

Title of Job Applied for: _____

Race/Ethnic Group (choose one)

- | | |
|---|--|
| ☐ White | ☐ Hispanic/Latino (White) |
| ☐ Black | ☐ Hispanic/Latino (All Other Races) |
| ☐ Asian | ☐ Hawaiian/Pacific Islander |
| ☐ American Indian/Alaskan Native | |

Sex (choose one)

- | | |
|-------------------------------|---------------------------------|
| ☐ Male | ☐ Female |
|-------------------------------|---------------------------------|

Signature: _____

Qualified applicants are considered for employment, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, marital status, medical condition, or disability.

Please complete this information to assist us in complying with equal opportunity/affirmative action record keeping and reporting requirements. Providing this information is voluntary, refusal to provide the information will not result in any adverse treatment. This Information Form will be kept in a separate, confidential file and will be used only for safety and government reporting purposes.
