



NineStar Connect Internship Application

| APPLICANT INFORMATION | | | |
|---|---------------------|------------------|--|
| LAST NAME: | FIRST NAME: | DATE: | |
| STREET ADDRESS: | | | APT/UNIT: |
| CITY: | STATE: | ZIP: | |
| PRIMARY PHONE: | | ALTERNATE PHONE: | |
| EMAIL: | | | |
| What department are you applying for: (Check all that apply) | | | How did you hear about our internship program? |
| | Customer Service | | Special Projects |
| | Billing | | Engineering |
| | Marketing | | Electric Operations |
| | HR | | Network Operations |
| | Sales | | Support Center |
| | Accounting | | Power/Grounding |
| | Process Improvement | | Telecom Operations |

| INTERNSHIP GUIDELINES | | | |
|--|-----------------------------|------------------------------|------|
| I am currently a child or grandchild of the CEO or Board Member: (If YES, board approval is required before placement.) | <input type="checkbox"/> NO | <input type="checkbox"/> YES | |
| If YES, please provide name: | | | |
| I have a family member who works for NineStar Connect: (Including all subsidiaries.) | <input type="checkbox"/> NO | <input type="checkbox"/> YES | |
| If YES, please provide name: | | | |
| Interns must be between the ages of 16-26, and/or enrolled in a post-secondary, credential seeking program on or before the first day of the internship. | | | DOB: |
| Have you interned with NineStar Connect in the past? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | |
| List dates: | | | |
| Department: | | | |

| EXPERIENCE/EMPLOYMENT: | | | |
|--|-------------------------------|------------------------------------|---------------------------------------|
| Current employment status: | <input type="checkbox"/> Full | <input type="checkbox"/> Part-time | <input type="checkbox"/> Not Employed |
| Employment History: please list and provide information from the last three (3) employers: | | | |
| (1) Employer's Name and Address: | | | |
| Supervisor's Name: | | Supervisor's Number: | |
| Dates of employment: | Position Held: | Salary: | |
| Job duties: | | Reason for leaving: | |
| (2) Employer's Name and Address: | | | |
| Supervisor's Name: | | Supervisor's Number: | |
| Dates of employment: | Position Held: | Salary: | |
| Job duties: | | Reason for leaving: | |

| | | | | | |
|---|-------------------|--------------------------|----------------------|------------------------------|-----------------|
| (3) Employer's Name and Address: | | | | | |
| Supervisor's Name: | | | Supervisor's Number: | | |
| Dates of employment: | | Position Held: | | Salary: | |
| Job duties: | | | Reason for leaving: | | |
| Current student status: | | | | | |
| <input type="checkbox"/> | High School | <input type="checkbox"/> | College | Please indicate your school: | |
| Current level complete: | | | | | |
| <input type="checkbox"/> | Freshman | <input type="checkbox"/> | Sophomore | <input type="checkbox"/> | Junior |
| <input type="checkbox"/> | Bachelor's Degree | <input type="checkbox"/> | Graduate Student | <input type="checkbox"/> | Graduate Degree |

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| AVAILABILITY: | | | | | |
| Please check all semesters of availability: | | | | | |
| <input type="checkbox"/> | FALL | <input type="checkbox"/> | SPRING | | |
| <input type="checkbox"/> | SUMMER | <input type="checkbox"/> | OTHER, please explain: | | |
| Please list times of your general availability: | | | | | |
| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| MORNING | | | | | |
| AFTERNOON | | | | | |
| EVENING | | | | | |

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| PERSONAL INFORMATION: |
| Why are you interested in an internship at NineStar Connect? |
| What specific experience would you like to gain through this internship? |
| Describe your long-term career goals: |

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| PROFESSIONAL REFERENCES: (please list at least 2) | | |
| NAME | RELATIONSHIP | CONTACT INFO (email and phone number) |
| | | |
| | | |

PRE-EMPLOYMENT INQUIRY RELEASE

Any applicant receiving an offer of employment will be required to submit to a pre-employment drug and alcohol test.

Our Company uses E-Verify to confirm the employment eligibility of all newly hired employees- including interns. To learn more about E-Verify, including your rights and responsibilities, please visit www.dhs.gov/E-Verify

In conformance with the Fair Credit Reporting Act and any other state or federal law or regulation, I, the undersigned, hereby consent and authorize the Company, its affiliated companies, its subcontractors and/or its agents (collectively referred to as "the Company") to obtain consumer/investigative consumer reports on me including, but not limited to information concerning my character and general reputation through a consumer reporting agency of its choice in connection with my employment. These reports may be obtained through, but not limited to the following sources: motor vehicle reports, social security number verifications, present and former addresses, criminal and civil history/records, credit history, education, work habits, performance, reasons for termination of past employment from previous employers and any other federal and state and non-public records concerning my past activities. The Company will evaluate the findings of the report(s) in terms of the business necessities of the position and/or their relatedness to the duties of the position.

I hereby authorize without reservation, any party or agency contracted by this employer to furnish the above-mentioned information.

If an adverse employment decision is made due, in whole or in part, to the information contained on the consumer/investigative consumer report, the Company will provide me with a copy of the consumer/investigative consumer report, a summary of my rights under the Fair Credit Reporting Act, and the course of the consumer/investigative consumer report so that I may contact them, if I wish to do so.

I agree that the Company may use such consumer/investigative consumer reports for any and all employment purposes- including internships. I agree that this authorization shall remain in effect unless and until revoked in writing by me.

| | | |
|---|------------------------|------------------------|
| FIRST NAME: | MIDDLE INITIAL: | LAST NAME: |
| OTHER/FORMER NAMES: | | |
| SSN: | DATE OF BIRTH: | STATE OF BIRTH: |
| NAME AS IT APPEARS ON YOUR DRIVER'S LICENSE/OFFICIAL ID: | | |
| DRIVER'S LICENSE NUMBER: | | |
| SIGNATURE: | DATE: | |

DISCLAIMER AND SIGNATURE

All information provided on this Application for Internship is true, correct, and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my release. Unless otherwise indicated above, I authorize NineStar Connect and its agents to contact my present and former employers and to investigate all the information contained in this application for internship. I hereby release and forever discharge all persons or companies, and their agents and managerial employees, from any and all claims, known or unknown, on account of or arising out of the disclosure and collection of the requested information concerning my internship.

I understand that per Indiana Code 20-33-3-6, minors ages 14, 15, 16, and 17 are required to obtain a work permit.

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|-------------------|--------------|
| SIGNATURE: | DATE: |
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