



## EMPLOYMENT APPLICATION

*It is our policy to provide equal employment opportunities to all qualified persons without regard to race, age, color, sex, religion, national origin, handicap, marital status, or any other protected category. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.*

*Please answer all questions completely.*

### I. PERSONAL INFORMATION

Last Name Collins	First Thomas	Middle William	Date 1/27/2020
Street Address 111 Willard Ave			Home Telephone Number N.A
City Portsmouth	State NH	Zip 03801	Mobile Telephone Number 603-828-9643
Email Address: twc1001@wildcats.unh.edu	If hired, can you provide verification of your right to work in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
For the purpose of verification of information, have you ever worked or attended school under a different name? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If hired, are you able to perform the essential functions of the job for which you are applying? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes" Name:			
Have you ever worked for or applied for employment at this company? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Do you have friends or relatives working for our company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes": When? Spring 2019 Position? Manufacturing Internship Location? Long Beach, CA.		If "Yes" Name and relationship:	
Do you meet all the basic qualifications listed for this job? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Are you willing to relocate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

### II. EMPLOYMENT INTERESTS

Position Applied For Manufacturing Internship	Date Available May 25 <sup>th</sup> 2020	Salary Desired N.A	Would you be willing to work overtime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Type of Employment Desired Regular <input type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Temporary <input checked="" type="checkbox"/> Part-Time <input type="checkbox"/>	Days and hours available for work Monday, Tuesday, Wednesday, Thursday, Friday. 7 AM – 10 PM		
How were you referred to our company? <input type="checkbox"/> Ad (where) <input type="checkbox"/> Employee Referral (Name) <input type="checkbox"/> Agency (Name) <input type="checkbox"/> LinkedIn <input type="checkbox"/> Walk-in <input type="checkbox"/> Company web site <input checked="" type="checkbox"/> Other (Please specify) Matthew I. Fellowship			

### III. EDUCATION INFORMATION

School Level	Name and Location of School	Course of Study or Major	Did you graduate?	Degree, Diploma or last grade completed
High School	St. Thomas Aquinas. Dover, New Hampshire	General Ed.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Diploma
College/University	University of Maine, Orono.	Engineering Physics	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Freshman
College/University	University of New Hampshire, Durham.	Engineering Physics	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Junior
Post Graduate	N.A	N.A	<input type="checkbox"/> Y <input type="checkbox"/> N	N.A
Business/Trade Technical	N.A	N.A	<input type="checkbox"/> Y <input type="checkbox"/> N	N.A



#### IV. ACTIVE CERTIFICATIONS, CLEARANCES, AND WORK STATUS

Name of Certification	Certifying Organization	Date Started	Date Completed or Will Be Completed By
N.A	N.A	N.A	N.A
Active Security Clearances:			
<input type="checkbox"/> Top Secret SCI with Polygraph <input type="checkbox"/> Top Secret SCI <input type="checkbox"/> Top Secret <input type="checkbox"/> Secret <input type="checkbox"/> Confidential <input type="checkbox"/> Other <input type="checkbox"/> Expired			
Are you legally authorized to work in the United States?			
<input checked="" type="checkbox"/> I am authorized to work in the United States for any employer. <input type="checkbox"/> I am authorized to work in the United States for my present employer only. <input type="checkbox"/> I require sponsorship to work in the United States. <input type="checkbox"/> I am not authorized to work in the United States. <input type="checkbox"/> My status to work in the United States is unknown.			
<b>Citizenship Status</b> To conform to U.S. Government space technology export regulations, including the International Traffic in Arms Regulations (ITAR) you must be a U.S. citizen, lawful permanent resident of the U.S., protected individual as defined by 8 U.S.C. 1324b(a)(3), or eligible to obtain the required authorizations from the U.S. Department of State. Learn more about ITAR here: <a href="https://www.pmddtc.state.gov/?id=ddtc_kb_article_page&amp;sys_id=24d528fddbf930044f9ff621f961987">https://www.pmddtc.state.gov/?id=ddtc_kb_article_page&amp;sys_id=24d528fddbf930044f9ff621f961987</a> .			
<input checked="" type="checkbox"/> U.S. Citizen or national of the United States <input type="checkbox"/> Asylee under 8 U.S.C. 1158 <input type="checkbox"/> U.S. Lawful Permanent Resident <input type="checkbox"/> "Alien admitted for temporary residence" under 8 U.S.C. 1160(a) or 1255a(a) <input type="checkbox"/> Refugee under 8 U.S.C. 1157 <input type="checkbox"/> Other, please explain: _____ _____			

#### IV. EMPLOYMENT INFORMATION

Please provide employment history for the past ten years, starting with current or most recent employer.

1	Company Name: Turbocam International		Phone 603-905-0200		From Mo./Yr. 05/2019	To Mo./Yr. Cur.
	Street Address 38 Redemption Rd	City Barrington, NH	State NH	Zip 03825	Reason for leaving Rocket Lab Internship	May we contact this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Job Title Manufacturing Intern	Duties <ul style="list-style-type: none"> <li>• Operation of electrochemical machines and 5-axis mills, with programming of 5-axis mills through Mastercam</li> <li>• Root cause analysis leading to implementation of corrective measures.</li> <li>• Developed data analysis software for data management and control, expanded program's capability by 30%. Data considerations consisted of material analysis, characterization, and testing.</li> <li>• Strict attention to detail and willingness to thrive in a fast-paced engineering environment.</li> <li>• Demonstration of a highly motivated mindset and drive to projects, assigned and self-directed.</li> </ul>				
Supervisor Name Evin Williams, Phil Honigfeld, and Reilly Webb.						
2	Company Name: UNH Nuclear and Particle Physics Group		Phone 603-862-2827		From Mo./Yr. 08/2018	To Mo./Yr. 08/2019
	Street Address DeMeritt Hall, 9 Library Way	City Durham	State NH	Zip 03801	Reason for leaving Turbocam Internship	May we contact this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Job Title	Duties				



	Undergraduate Research Assistant.	<ul style="list-style-type: none"> <li>• Maintained hardware standards, testing standards, and designed safe processes for radioactive material. Critical to achieving a spin polarization of 14%.</li> <li>• Assisted professors in development and implementation of experiments</li> </ul>				
	Supervisor Name Karl Slifer					
<b>3</b>	Company Name		Phone (      )		From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip	Reason for leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Job Title	Duties				
	Supervisor Name					
<b>V. PROFESSIONAL REFERENCES</b>						
NAME		EMAIL ADDRESS		TELEPHONE NUMBER		YEARS AQUAINTED
Phil Honigfeld		Phil.Honigfeld@turbocam.com		603-905-0390		1
Karl Slifer		Karl.slifer@unh.edu		603-862-2827		3
Reilly Webb		Reilly.Webb@turbocam.com		603-591-0481		3

<b>VI. ACKNOWLEDGMENT</b>			
<p><i>By signing this application, I hereby agree as follows:</i></p> <p>I hereby certify that the information contained in this application form is true and correct to the best of my knowledge, and agree to have any of the information verified by Rocket Lab USA, Inc. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.</p> <p>I authorize the references listed above, as well as all other individuals whom Rocket Lab USA, Inc. contacts, to provide any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to Rocket Lab USA, Inc. or any of its agents, employees, or representatives.</p> <p>I understand that any offer of employment is conditioned upon proof of identity, proof of legal authority to work in the United States, and satisfactory completion of my background and reference check.</p> <p>By signing this application, I agree that if I am hired, my employment with Rocket Lab USA, Inc. can be terminated at-will, with or without cause, and with or without notice, at any time, either at my option or at the option of Rocket Lab USA, Inc.</p>			
<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Applicant Signature: Thomas William Collins</td> <td style="width: 30%;">Date: 01/27/2020</td> </tr> </table>		Applicant Signature: Thomas William Collins	Date: 01/27/2020
Applicant Signature: Thomas William Collins	Date: 01/27/2020		



### Affirmative Action: Applicant Invitation to Self-Identify - Veteran, Gender, & Race (VEVRAA & EO 11246)

Rocket Lab is an equal opportunity employer and a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. As required by law, we must record certain information to be made a part of our affirmative action program.

Applicants for employment are invited to participate in the affirmative action program by reporting their status as a protected veteran or other minority. In extending this invitation, we advise you that: (a) workers (applicants) are under no obligation to respond but may do so in the future if they choose; (b) responses will remain confidential within the People & Culture department; and (c) responses will be used only for the necessary information to include in our affirmative action program and in ways that are not inconsistent with VEVRAA or other applicable laws. We are a company that values diversity. We actively encourage women, minorities, veterans and disabled persons to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

<b>Name:</b>	<u>Thomas Collins</u>	<b>Position Applied for:</b>	<u>Manufacturing Internship</u>
<b>Date:</b>	<u>01/27/2020</u>	<b>Gender:</b>	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female

#### Race or Ethnicity Identity (select one)

- ☐ **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- ☒ **White (not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- ☐ **Black or African American (not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Pacific Islander (not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- ☐ **Asian (not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- ☐ **American Indian or Alaskan Native (not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- ☐ **Two or more races (not Hispanic or Latino):** All persons who identify with more than one of the above races.

#### Veteran Status (select one)

- ☐ I identify as one or more of the following classifications of protected veterans
  - **Protected veteran** means a veteran who may be classified as an active duty wartime or campaign badge veteran, disabled veteran, Armed Forces service medal veteran or recently separated veteran.
  - **Active duty wartime or campaign badge veteran** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
  - **Armed Forces service medal veteran** means any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p. 159).
  - **Disabled veteran** means (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.
  - **Recently separated veteran** means a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- ☒ I am NOT a protected veteran
- ☐ I do not wish to self-identify

Rocket Lab recruits, hires, trains, and ensures that all other personnel actions are veteran status or on the basis of disability.



promotes persons in all job titles, and administered, without regard to protected Rocket Lab also provides qualified applicants

and employees who are disabled veterans or individuals with disabilities with needed reasonable accommodations, as required by law, and ensures that all employment decisions are based only on valid job requirements. Rocket Lab prohibits harassment of employees and applicants because they are protected veterans or individuals with disabilities. Rocket Lab also prohibits harassment, intimidation, threats, coercion, or discrimination against employees and applicants because they have engaged in or may engage in: (i) filing a complaint; (ii) assisting or participating in any manner in an investigation, compliance evaluation, hearing, or any other activity related to the administration of the affirmative action provisions of any federal, state, or local law requiring equal opportunity for protected veterans or individuals with disabilities; (iii) opposing any act or practice made unlawful by any such law; or (iv) exercising any other right protected by any such law.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 5 of 1

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☒ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

Thomas William Collins

A handwritten signature in black ink that reads "Thomas Collins".

01/27/2020

Name (printed)

Signature

Date

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of

reasonable accommodation include  
process or work procedures,  
alternate format, using a sign language interpreter, or using specialized equipment.



making a change to the application  
providing documents in an

<sup>1</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.