

# EMPLOYMENT APPLICATION

## APPLICATION INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time

1. Please read "APPLICANT NOTE" below.
2. Complete both sides of this page.
3. If more space is needed to complete any question, use comments section at the bottom of this page.
4. Print clearly; incomplete or illegible applications will not be processed.

## DRUG TESTING

*All applicants for employment will be required to pass a drug test. Test may be by hair, urinalysis or by other means.*

## APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment Contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All Qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, Vietnam-era veterans, military reserve membership, ancestry, religion, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

## AVAILABILITY

For which position are you applying? \_\_\_\_\_  
What date can you start? \_\_\_\_\_ What category would you prefer?  Full-time  Part-time  Temporary  Labor pool  
For which schedules are you available? \*  Weekdays  Weekends  Evenings  Nights  Overtime  Shift  Other \_\_\_\_\_

## JOB-RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

- Yes  No If the job requires, do you have the appropriate valid drivers license?  
Name on license \_\_\_\_\_ DL# \_\_\_\_\_ Type \_\_\_\_\_ State of Issue \_\_\_\_\_
- Yes  No Have you had any moving violations? Please describe. \_\_\_\_\_  
Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company. \_\_\_\_\_
- Yes  No Have you been given a job description or had the essential functions of the job explained to you?  
 Yes  No Do you understand these essential functions?  
 Yes  No Can you perform the essential functions of this job with or without reasonable accommodation?

## SECURITY

List states and counties of residence for the past seven years. \_\_\_\_\_  
\_\_\_\_\_

- Yes  No Have you used any names or Social Security Numbers other than given above? If so, please list in comments, below.  
 Yes  No Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below.

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

THIS APPLICATION DOES NOT CREATE A CONTRACT OF EMPLOYMENT FOR ANY PARTICULAR TIME FRAME OR FOR ANY PARTICULAR TERMS OR CONDITIONS.

**PREVIOUS EMPLOYERS**

PLEASE NOTE. Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, *the correct telephone numbers of past employers are critical*. Ask for a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

<b>MOST RECENT EMPLOYER</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you currently working for this employer?	<div style="border: 2px solid black; padding: 5px;">                 PHONE (    )                  FAX (    )             </div>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, may we contact?	
COMPANY NAME _____	CITY _____	STATE _____		
FROM _____ TO _____	DATES EMPLOYED _____	JOB TITLE _____	SUPERVISOR NAME _____	
DUTIES _____				
SALARY _____ PER _____	(HOUR/WEEK/MONTH)	REASON FOR LEAVING _____		

  

<b>SECOND MOST RECENT EMPLOYER</b>				<div style="border: 2px solid black; padding: 5px;">                 PHONE (    )                  FAX (    )             </div>
COMPANY NAME _____	CITY _____	STATE _____		
FROM _____ TO _____	DATES EMPLOYED _____	JOB TITLE _____	SUPERVISOR NAME _____	
DUTIES _____				
SALARY _____ PER _____	(HOUR/WEEK/MONTH)	REASON FOR LEAVING _____		

  

<b>THIRD MOST RECENT EMPLOYER</b>				<div style="border: 2px solid black; padding: 5px;">                 PHONE (    )                  FAX (    )             </div>
COMPANY NAME _____	CITY _____	STATE _____		
FROM _____ TO _____	DATES EMPLOYED _____	JOB TITLE _____	SUPERVISOR NAME _____	
DUTIES _____				
SALARY _____ PER _____	(HOUR/WEEK/MONTH)	REASON FOR LEAVING _____		

**REFERENCES**

Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		

NOTE: do not fill out any part of this section you believe to be non - job related.

**EDUCATION**

Please circle highest grade completed.    7   8   9   10   11   12   13   14   15   16   16+

If your school records are under a different name than listed on page 1, please enter that name: \_\_\_\_\_

NAME	CITY/STATE	GRADUATE ?	DEGREE ?

**CERTIFICATION AND RELEASE**

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment. I authorize the company and / or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE	DATE
-----------	------

# **Disclosure to Employment Applicant Regarding Procurement of A Consumer Report**

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on the reverse side of this document.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

Applicant's Name: \_\_\_\_\_  
(Please Print)

Applicant's Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

- You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA -- that you dispute an item, they may not then report

the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCR gives several different federal agencies authority to enforce the FCRA:	
For Questions or Concerns Regarding	Please Contact
CRA's creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Controller of the Currency/Compliance Management Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Consumer and Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "ES.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Admin. 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corp. Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051