

PRE-APPLICATION RELEASE

Work Site Employer: _____

For employment purposes, your Work Site Employer or its agents may obtain consumer reports on you as an applicant or from time to time during employment. "Consumer Reports" are reports from consumer reporting agencies and may include driving records, criminal records, credit reports, etc.

For such employment purposes, your Work Site Employer may also obtain investigative consumer reports. An "Investigative Consumer Report" is a consumer report in which information as to character, general reputation, personal characteristics is obtained through personal interviews with neighbors, friends, associates, acquaintances, or others. You have a right to request disclosure of the nature and scope of an investigation and to request a written summary of consumer rights.

I authorize my Work Site Employer to obtain consumer reports and/or investigative consumer reports regarding me from time to time for employment purposes.

I understand that all questions must be filled out completely and accurately. Incomplete or inaccurate information may lead to rejection of your application. Information found to be false can also lead to rejection to your application and, if hired, to discipline up to and including termination.

Name: _____ Social Security No.: _____
First Middle Last

Address (Line 1): _____

Address (Line 2): _____

City: _____ State: _____ Zip: _____

If you have not lived in your current county for the past seven (7) years, list the other county(s) you have lived in during that time.

1) Current County: _____ State: _____

2) Previous County: _____ State: _____ 3) Previous County: _____ State: _____

Other names you have used which may be necessary to locate information (including maiden name):

Driver's License Number: _____ State of Issue: _____ Expiration Date: _____

MM/DD/YY

Date of Birth: _____ Race _____ Sex: M / F
(to be used only for proper identification purposes)

Signature: _____ Date: _____

MM/DD/YY

If your Work Site Employer requests an investigative consumer report and you would like to receive a disclosure of the nature and scope of the investigation and a written summary of consumer rights, check here: _____

EMPLOYMENT APPLICATION

APPLICANT'S STATEMENT:

I understand that the Company is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring, promotion, transfer and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, or any other category protected by federal, state or local law.

I authorize former and present employers, work and personal references listed in the application, and any other individuals I may name, to give the Company or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing same to the Company. I also authorize the Company to provide truthful information concerning my employment with it to future employers and I agree to hold it harmless for providing such information.

I understand that the Company reserves the right, to the extent permitted by law, to require drug or alcohol screening tests of an applicant or an employee either prior to employment or any time during employment and I hereby give my consent to any such test. I consent to the release of the results of any such tests to the company or its designee. I release the Company and its designee from any and all liability and damages which may result or arise from any drug test or the provision of information in connection with such a test.

I understand that this employment application and any other Company documents are not promises of employment. Should I be employed, I understand that my employment will be on a trial period for ninety days from the date of my hiring, and that I will remain an at-will employee thereafter. I further understand that, if I am employed, I can terminate my employment at any time with or without cause and with or without advance notice, and that the Company has a similar right. I understand that no manager, representative, or agent of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

The information given by me on this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading or unsatisfactory in any respect (in the Company's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

I CERTIFY THAT I HAVE RECEIVED A SEPARATE WRITTEN NOTIFICATION THAT THE COMPANY MAY OBTAIN A CONSUMER REPORT ON ME FOR USE IN CONNECTION WITH MY APPLICATION AND, IF I AM HIRED, MY EMPLOYMENT WITH THE COMPANY. I AUTHORIZE THE COMPANY TO OBTAIN THIS REPORT.

THIS APPLICATION WILL BE CONSIDERED "ACTIVE" FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT.

Signature: _____ Date: _____

Work Site Employer: _____

Applicant Name: _____ Date of Birth: _____

Driver's License # _____ State: _____ SSN: _____

Position Desired: _____ When available: _____

Placement Desired: _____ Full Time _____ Part Time _____ Temporary

Are you 18 years of age or older? _____ Yes _____ No

CURRENT ADDRESS:

Address (Line 1): _____
Address (Line 2): _____
City: _____
State: _____ Zip: _____
Home Phone: _____
Cell Phone: _____
How long at this address? _____

PREVIOUS ADDRESS:

Address (Line 1): _____
Address (Line 2): _____
City: _____
State: _____ Zip: _____
Home Phone: _____
Cell Phone: _____
How long at this address? _____

BACKGROUND INFORMATION:

Have you ever been employed by the Company or by the Worksite Employer? ____Yes ____No

If yes, when were you employed? _____

May we contact your current employer? ____Yes ____No If No, explain.

Do you have any relationship with anyone currently in the industry? ____Yes ____No If Yes, explain.

Have you ever pled “no contest”, nolo, or guilty to a crime or been convicted of a crime? ____Yes ____No

Are any charges currently pending against you or has any adjudication ever been withheld? ____Yes ____No

(NOTE: Answering “yes” to these questions does not constitute an automatic bar to employment). If you answered yes to any of the preceding questions, please give dates and details.

EDUCATION:

School Name	Years Completed	Diploma Degree	Course of Study or Major	Special Experience, Training, Skills and Extra-Curricular Activities
Elementary				
High School				
College/University				
Graduate/Professional				
Trade or Correspondence				

Licenses, Certificates (include License Number, State of Issue, etc.):

PRIOR EMPLOYMENT HISTORY:

Present or most recent employer: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Date hired: _____ Date of termination: _____
Pay rate when hired: _____ Pay rate at termination: _____
Supervisor Name: _____ Title: _____
Job title and description of duties: _____

Reason for leaving this job: _____

Next most recent employer: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Date hired: _____ Date of termination: _____
Pay rate when hired: _____ Pay rate at termination: _____
Supervisor Name: _____ Title: _____
Job title and description of duties: _____

Reason for leaving this job: _____

Next most recent employer: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Date hired: _____ Date of termination: _____
Pay rate when hired: _____ Pay rate at termination: _____
Supervisor Name: _____ Title: _____
Job title and description of duties: _____

Reason for leaving this job: _____

Next most recent employer: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Date hired: _____ Date of termination: _____
Pay rate when hired: _____ Pay rate at termination: _____
Supervisor Name: _____ Title: _____
Job title and description of duties: _____

Reason for leaving this job: _____

ESSENTIAL JOB FUNCTIONS

Work Site Employer: _____

Applicant Name: _____ SSN: _____
First Middle Last

JOB TITLE/DESCRIPTION: _____

Once a conditional job offer is made, please be aware all persons may be required to furnish health condition information and, if necessary, submit to an examination by a company-designated physician. This information will be used to determine appropriate job placement. It shall not be used to disqualify an otherwise qualified person who may have a mental or physical disability.

The following are physical requirements pertaining to the job for which you are applying. These physical requirements are essential functions of the job and are in addition to the skills, certification, and years of experience or other qualifications required to perform the job(s) for which you have applied. **NOTE:** Only those essential functions relevant to the job(s) for which you have applied will be checked below. Are you able to perform the tasks or functions that are checked ()?

- | | | |
|--|-----|----|
| <input type="checkbox"/> Work around dust and wear a respirator if required..... | Yes | No |
| <input type="checkbox"/> Work at and view a video display terminal for an eight hour or more shift..... | Yes | No |
| <input type="checkbox"/> Stand for long periods of time during your shift..... | Yes | No |
| <input type="checkbox"/> Grip, grasp, and twist using your hands and wrists..... | Yes | No |
| <input type="checkbox"/> Lift and /or carry up to 25 lb. regularly during your shift..... | Yes | No |
| <input type="checkbox"/> Climb stairs with loads up to 25 lb. during your shift..... | Yes | No |
| <input type="checkbox"/> Wear proper safety equipment – hardhat, goggles, glasses, respirators, steel-toe boots, etc. | Yes | No |
| <input type="checkbox"/> Reach over your head with 10 – 25 lb. loads regularly during your shift, if required..... | Yes | No |
| <input type="checkbox"/> Understand hazard communication and safety information..... | Yes | No |
| <input type="checkbox"/> Are you physically able to type or work at a keyboard or typewriter most of the day, if required (This is not asking if you can type.)..... | Yes | No |
| <input type="checkbox"/> Other/additional essential functions: _____ | Yes | No |

Based on the information discussed and/or received, I feel as though I _____ CAN _____ CAN NOT perform the essential functions of the job we've discussed.

*If you cannot perform one or more of the job requirements noted above, and you feel we can modify any part of the job and/or schedule to enable you to do the work, please explain in the space below. Job modifications will be addressed on a case-by-case basis.

I have reviewed a summary, or had explained to me the functions of the job noted on this page. (Due to various marginal functions of most jobs, a comprehensive description of all duties to be performed is not possible.) The company reserves the right to assign duties not previously described or explained. Should you have reason why you are unable to perform a certain job function, it is your responsibility to report it to your supervisor. The company reserves the right to modify job descriptions in the future, with or without notice to the individuals affected by the job modification.

IF THERE IS ANY QUESTION OR STATEMENT ON THIS FORM THAT YOU DO NOT UNDERSTAND, ASK FOR ASSISTANCE FROM THE PERSON INTERVIEWING YOU.

My above statements are true to the best of my knowledge and I understand that any false statements or omissions will make me subject to discharge.

Employee Signature: _____ Date: _____

MM/DD/YY