

# APPLICATION FOR EMPLOYMENT

THE COMPANY IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER. APPLICANTS ARE CONSIDERED FOR POSITONS WITHOUT DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION, SEX, MARITAL STATUS, NATIONAL ORIGIN, AGE, PHYSICAL OR MENTAL DISABILITY, MEDICAL CONDITION, SEXUAL ORIENTATION, OR ANY OTHER CONSIDERATION MADE UNLAWFUL BY APPLICABLE FEDERAL, STATE OR LOCAL LAWS.

## PERSONAL

LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NO.	DATE
PERMANENT ADDRESS			CITY	STATE
			ZIP	TELEPHONE ( )

ARE YOU LESS THAN 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF HIRED, CAN YOU PROVIDE PROOF OF IDENTITY AND LEGAL AUTHORIZATION TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER NAME(S) UNDER WHICH YOU HAVE BEEN PREVIOUSLY EMPLOYED:
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NAME OF FRIENDS OR RELATIVES EMPLOYED IN THIS ORGANIZATION:	HAVE YOU EVER APPLIED TO THIS ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATE AND POSITION APPLIED FOR:
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HAVE YOU EVER BEEN EMPLOYED BY OUR ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES GIVE DATES OF EMPLOYMENT:	ARE YOU WILLING TO WORK OVERTIME, OR A FLEXIBLE WORK SCHEDULE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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AFTER CAREFULLY REVIEWING THE ATTACHED JOB DESCRIPTION AND PHYSICAL REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING, ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB, WITH OR WITHOUT REASONABLE ACCOMODATION?  YES  NO

NOTE: ANSWERING "YES" TO THE FOLLOWING TWO CRIMINAL HISTORY INQUIRIES DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTS SUCH AS AGE AND DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, AND REHABILITATION WILL BE TAKEN INTO ACCOUNT.

DO NOT IDENTIFY ANY CONVICTIONS UNDER CALIFORNIA HEALTH & SAFETY CODE §§11357(B) OR (C), 11360 (B) (FORMERLY SUBDIVISION (C) OF SECTION 11360), 11364, 11365, OR 11550 RELATED TO MARIJUANA OFFENSES THAT OCCURRED TWO OR MORE YEARS BEFORE THIS APPLICATION. ALSO, DO NOT IDENTIFY ANY CONVICTION FOR WHICH THE RECORD HAS BEEN JUDICIALLY ORDERED SEALED, EXPUNGED OR STATUTORILY ERADICATED, OR ANY MISDEMEANOR CONVICTION FOR WHICH PROBATION HAS BEEN SUCCESSFULLY COMPLETED OR OTHERWISE DISCHARGED AND THE CASE HAS BEEN JUDICIALLY DISMISSED.

HAVE YOU EVER PLEADED GUILTY OR NO CONTEST TO OR BEEN CONVICTED OF A MISDEMEANOR OR FELONY?  YES  NO  
 IF SO, PLEASE GIVE THE DATE(S) AND DETAILS:

HAVE YOU BEEN ARRESTED FOR ANY MATTERS FOR WHICH YOU ARE OUT ON BAIL OR ON YOUR OWN RECOGNIZANCE PENDING TRIAL?  YES  NO  
 IF SO, PLEASE GIVE THE DATE(S) AND DETAILS:

IN CASE OF EMERGENCY NOTIFY:		
NAME	ADDRESS	PHONE NO. ( )

## EMPLOYMENT INTERESTS

POSITION DESIRED OR AREA OF INTEREST	SECOND CHOICE	DATE AVAILABLE	SALARY EXPECTED
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TYPE OF EMPLOYMENT YOU ARE SEEKING: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER	SHIFTS YOU CAN WORK: <input type="checkbox"/> DAY <input type="checkbox"/> SWING <input type="checkbox"/> NIGHT
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HOW WERE YOU REFERRED TO OUR ORGANIZATION? <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> OTHER COMPANY <input type="checkbox"/> AGENCY <input type="checkbox"/> EMPLOYMENT SERVICE <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SCHOOL <input type="checkbox"/> SELF <input type="checkbox"/> OTHER	NAME OF REFERRAL SOURCE
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## EDUCATION / U.S. MILITARY SERVICE

SCHOOL OR INSTITUTION	NAME & ADDRESS OF SCHOOL	MAJOR	UNITS COMPLETED AND GRADE AVERAGE	DEGREES AND/OR DIPLOMAS
HIGH SCHOOL				
COLLEGE				
COLLEGE				
OTHER				

HONORS OR AWARDS RECEIVED:	PROFESSIONAL CERTIFICATES OR LICENSES HELD:	ARE YOU TAKING ANY EDUCATIONAL COURSE PRESENTLY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT AND WHERE?
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PRESENT COMMUNITY AND PROFESSIONAL AFFILIATIONS. OFFICES HELD: (YOU MAY EXCLUDE AFFILIATIONS WHICH MAY INDICATE RACE, COLOR, ANCESTRY, SEX, HANDICAP, RELIGION, AGE OR NATIONAL ORIGIN)

ARE YOU MULTI-LINGUAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT LANGUAGE(S)?	WHAT LEVEL OF PROFECIENCY?
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U.S. MILITARY DUTIES AND SPECIAL TRAINING WHICH YOU BELIEVE ARE RELEVANT TO THE POSITION DESIRED:

# APPLICATION FOR EMPLOYMENT

<b>REFERENCES</b>			
LIST PEOPLE WE MAY CONTACT WHO ARE QUALIFIED TO EVALUATE YOUR CAPABILITIES (DO NOT INCLUDE RELATIVES)			
NAME <small>ADDRESS CITY STATE ZIP</small>	TELEPHONE	OCCUPATION	YEARS KNOWN

<b>EMPLOYMENT HISTORY</b>			
GIVE EMPLOYMENT RECORD AS COMPLETELY AS POSSIBLE. LISTING CURRENT OR MOST RECENT EMPLOYER FIRST. SHOW UNEMPLOYED OR SELF-EMPLOYED PERIODS AND INDICATE DATES AND COMMENT ON EACH PERIOD. INCLUDE PART TIME OR SUMMER WORK. YOU MAY USE EXTRA SHEETS FOR ADDITIONAL INFORMATION.			
COMPANY NAME (CURRENT OR LAST)	ADDRESS	TELEPHONE ( )	DATES EMPLOYED (MONTH / YEAR) From: To:
JOB TITLE	SUPERVISOR'S NAME AND TITLE	TYPE OF BUSINESS	BASE RATE OF PAY (HR/ WEEK/MONTH) START: END:
DESCRIPTION OF DUTIES:			REASON FOR LEAVING?
			MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMPANY NAME	ADDRESS	TELEPHONE ( )	DATES EMPLOYED (MONTH / YEAR) From: To:
JOB TITLE	SUPERVISOR'S NAME AND TITLE	TYPE OF BUSINESS	BASE RATE OF PAY (HR/ WEEK/MONTH) START: END:
DESCRIPTION OF DUTIES:			REASON FOR LEAVING?
			MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMPANY NAME	ADDRESS	TELEPHONE ( )	DATES EMPLOYED (MONTH / YEAR) From: To:
JOB TITLE	SUPERVISOR'S NAME AND TITLE	TYPE OF BUSINESS	BASE RATE OF PAY (HR/ WEEK/MONTH) START: END:
DESCRIPTION OF DUTIES:			REASON FOR LEAVING?
			MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

### BACKGROUND CHECK DISCLOSURE

The Company will procure a consumer report and/or investigative consumer report (“background check report”) on you in connection with your employment application, and if you are hired, may procure additional background check reports on you for employment purposes. Intercept, Inc., or another consumer reporting agency, will prepare the report.

The background check report will contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include but are not limited to: social security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; references checks; credit reports; licensing and certification checks; and drug testing results. The information will be obtained from private and public record sources, including, as appropriate, personal interviews with your associates, friends and neighbors.

The nature and scope of any investigative consumer reports that may be requested is explained above. You are nonetheless entitled to request more information about the nature and scope of such reports by submitting a written request to the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form.

You may view the file maintained on you by Intercept, Inc., and obtain a copy of the file, upon submitting proper identification and paying duplication costs, by appearing at their offices, during normal business hours and on reasonable notice, or by mail. You may also receive a file-summary by telephone. Intercept, Inc. has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

**AN EQUAL OPPORTUNITY EMPLOYER**

# APPLICATION FOR EMPLOYMENT

## ACKNOWLEDGEMENT

**THIS APPLICATION IS NOT COMPLETE UNTIL SIGNED, AND ALL STATEMENTS BELOW HAVE BEEN READ AND INITIALED.**

Initials: \_\_\_\_\_ Accuracy of Information: I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for by this application, whether material or not, will result in refusal to hire or, if hired, will result in my dismissal at any time regardless of when the false answers or omissions are discovered.

Initials: \_\_\_\_\_ Reference Checks: I understand that all statements contained in this application may be investigated by the Company. I authorize the Company to secure information about my experience from former employers, educational institutions and agencies, and for those parties to provide information concerning my experience to the Company. I release all parties from any liability arising from the disclosure or use of the information by any person or party.

Initials: \_\_\_\_\_ Background Checks: I agree to complete the requisite authorization forms necessary for the Company or a third party hired by the Company to conduct a background investigation, including a criminal history check and a Department of Motor Vehicles record check. I understand that any offer of employment I may receive is contingent upon successful completion of any reference and background checks.

Initials: \_\_\_\_\_ At-Will Employment: I recognize that this employment application is not an offer of employment. I further agree that if I am hired by the Company, **I will be an at-will employee**, which means that either the Company or I may terminate the employment relationship at any time with or without cause or notice. I agree that no written materials or verbal statements by the Company will constitute an express or implied contract of continued employment or employment for a specific or definite time period and that, if I am hired, no representative of the Company except for the President of the Company has authority to enter into any agreement with me contrary to at-will employment. Any such agreement must be in writing signed by the President of the Company and me.

Initials: \_\_\_\_\_ Physical Examinations: If I am offered employment, I understand and agree that I may be required to undergo a physical examination and that my offer of employment may be conditioned and that my offer of employment may be conditioned upon the results of that examination. I agree to authorize the release of the results obtained from such physical examinations to the Company.

Initials: \_\_\_\_\_ Drug and Alcohol Testing: I agree to submit to legally permissible drug and/or alcohol testing upon request by the Company, and that failure to do so may result in my application being withdrawn from consideration or my employment being terminated. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and agree that if employed by the Company, storage areas provided for me (locker, desk, etc.) are open to investigation by the Company without prior notice to me.

Initials: \_\_\_\_\_ Confidentiality: Except as required in the performance of my duties, I understand and agree that I will not at any time during or after my employment use, disclose or disseminate any confidential information or any other information of a secret, proprietary or generally undisclosed nature relating to the Company, or its products, customers, employees, plans, or procedures. I agree to deliver to the Company any and all copies of confidential information, or other Company property, upon termination of the employment relationship or at any time upon the Company's request. I also agree not to solicit employees of the Company either during or for one year after employment to leave the Company and commence work with another employer.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ACKNOWLEDGMENT, PLEASE ASK A COMPANY REPRESENTATIVE BEFORE SIGNING.

**My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains the entire understanding between the Company and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between the Company and me on these issues.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THIS APPLICATION WILL ONLY BE CONSIDERED FOR 30 DAYS. IF YOU HAVE NOT BEEN HIRED WITHIN 30 DAYS OF FILLING OUT THIS APPLICATION AND YOU WISH TO CONTINUE TO BE CONSIDERED FOR EMPLOYMENT, YOU MUST COMPLETE ANOTHER APPLICATION.

**AN EQUAL OPPORTUNITY EMPLOYER**

# APPLICATION FOR EMPLOYMENT

## AUTHORIZATION FORM

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to procure a background check report on me that is prepared by a consumer reporting agency. I understand that, if I am hired, the Company may rely on this authorization to procure additional background check reports during and throughout my employment without asking for my authorization again.

I also authorize the following entities to disclose to the consumer reporting agency and its agents all information about or concerning me, including, but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and, any other person, organization or agency with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, drug test results, military service, professional credentials, and all other information requested by the consumer reporting agency or its agents.

You will be provided with a free copy of any consumer reports or investigative consumer reports on you if you check the box below. You may obtain information or copies from the Company's investigative report file at any time prior to your receipt of such copies, to the extent available, by contacting the Company.

I request a free copy of the report.

I promise the information below is true and correct and understand that dishonesty will disqualify me from consideration for employment, or if I am hired, that I may be fired. I also agree that a facsimile or photocopy of this form may be used in lieu of the original.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Present Address \_\_\_\_\_

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

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## APPLICATION FOR EMPLOYMENT

*Para informacion en español, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave., N.W., Washington, DC 20580*

### A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

## APPLICATION FOR EMPLOYMENT

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.fts.gov/credit](http://www.fts.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid reason for access.
- **You must give your consent for report to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws, in some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal Enforcers are:**

TYPE OF BUSINESS:	PLEASE CONTACT:
Consumer reporting Agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of 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 Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20052 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, MO 64108-2638 1-877-275-3342
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 20250 202-720-7051
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051