

APPLICATION FOR EMPLOYMENT

Federal law prohibits discrimination in hiring or employment on the basis of race, color, sex, religion, disability, national origin, citizenship, or on the basis of age. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. **This Company plans to verify the accuracy of the statements you make on this application.** This application will receive consideration for **thirty (30) days**. If you have not heard from the Company within thirty days and wish to receive further consideration for employment, you must reapply in person.

Date of Application: _____ Property applying at: _____

PERSONAL INFORMATION *(please print)*

Position applying for _____ Referred By _____
Name

Last First Middle

Present Address

City State Zip Phone No.

Email

Are you 18 years or older? Yes ___ No ___ If no, list date of birth ___/___/___
(mo) (day) (year)

GENERAL

Are you legally eligible for employment in the United States? Yes No Proof of eligibility will be required before you can be employed.

What date are you available for employment?

Have you ever applied for a position with this Company? Yes No Location When

Are you presently on layoff or leave of absence from any other company? Yes No If yes, explain here:

Have you ever plead guilty to, "no contest" to, or been convicted of a felony? Yes ___ No ___ If "yes" please fill in: Year _____ County _____ State _____ Citation _____ (A "yes" answer will not automatically disqualify you from consideration)

EDUCATION

High School:	Circle grade completed: 9 10 11 12 GED				Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
College(s) Location(s): (include Junior and Community, or Certifications	Date From	Date To	Date Graduated	Date Degree Received/E xpected	Course major/field
Other job-related educational Institutions (Trade)					

EMPLOYMENT INFORMATION

Shift Preference 1st 2nd 3rd

Type of employment desired?

Full-time Part-time Temporary

Are you an active member of the U.S. Armed Forces?

Yes No

Are you restricted to working only certain hours of the day? Yes ____ No ____ If yes, indicate the hours you are available:

Are you restricted from working certain days of the week? Yes ____ No ____

If yes, indicate the days you are available - M T W T F S Su

DRIVING INFORMATION

Do you have a current driver's license? Yes ____ No ____ Class: _____

State: _____ License No.: _____ Expiration Date: _____

Has your driver's license ever been suspended or revoked? Yes ____ No ____ If yes, please explain circumstances:

FORMER EMPLOYERS (List Below Last Three Employers, Starting With the Last One First)

Are we able to contact your previous employers? Yes ____ No ____

Date Month & Year	Name, Address & Phone Number of Employer	Salary	Position
From			
To			
From			
To			
From			
To			

REFERENCES

Please Give Below The Names Of Three Persons, Not Related To You, Whom You Have Known At Least One Year

NAME	ADDRESS & PHONE NUMBER	BUSINESS
1		
2		
3		

As an applicant for employment, I understand the following:

- Any misrepresentation or falsification of information requested here will be cause for rejection of this application or for subsequent discipline up to and including my dismissal from employment.
- If my application for employment is accepted, the effective date of my employment shall be the time I actually begin to work. If I am employed, I agree to comply with the safety and health rules and regulations of the company.
- No management official is authorized to make any oral assurance or promise of continued employment.
- I authorize, without liability, investigation of all statements contained in this application.
- **I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS "AT-WILL." THIS MEANS THAT EITHER I OR THE COMPANY MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT NOTICE OR REASON.**

DATE _____

SIGNATURE _____

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

THIS FORM TO BE COMPLETED AND SIGNED BY APPLICANT

IN CONNECTION WITH, AND FOR THE DURATION OF MY EMPLOYMENT WITH EMPLOYER, _____, I UNDERSTAND THAT INVESTIGATIVE BACKGROUND INQUIRES ARE TO BE MADE ON MYSELF THAT MAY INCLUDE CONSUMER, CRIMINAL RECORDS, DRIVING RECORDS, CREDIT REPORTS, SOCIAL MEDIA SEARCHES, EMPLOYMENT VERIFICATIONS, EDUCATION VERIFICATIONS, DRUG SCREENINGS, AND OTHER REPORTS. THESE REPORTS WILL INCLUDE INFORMATION AS TO MY CHARACTER, WORK HABITS, PERFORMANCE AND EXPERIENCE. THE SCOPE OF THIS AUTHORIZATION ALLOWS THE EMPLOYER TO OBTAIN CONSUMER REPORTS AND INVESTIGATIVE CONSUMER REPORTS NOW AND THROUGHOUT THE COURSE OF MY EMPLOYMENT, INCLUDING CONTRACT FOR SERVICES, TO THE EXTENT PERMITTED BY LAW, UNLESS I REVOKE MY CONSENT BY PROVIDING WRITTEN NOTIFICATION TO EMPLOYER.

FURTHER, I UNDERSTAND THAT EMPLOYER MAY BE REQUESTING INFORMATION FROM VARIOUS FEDERAL, STATE AND OTHER AGENCIES WHICH MAINTAIN RECORDS CONCERNING MY PAST ACADEMIC, EMPLOYMENT (including WORKER'S COMPENSATION CLAIMS), DRIVING, CRIMINAL, CREDIT, SOCIAL MEDIA, AND CIVIL HISTORIES AND OTHER EXPERIENCES. I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THIS EMPLOYER OR ITS AGENT, INFO QUEST, INC. TO FURNISH THE ABOVE INFORMATION.

PRINT FULL NAME _____ SOC. SEC. NUMBER _____ - _____ - _____
(First, Middle, and Last)

PREVIOUS LAST NAMES _____

DATE OF BIRTH _____ (DOB IS REQUESTED TO ASSURE ACCURATE RETRIEVAL OF RECORDS.)

DRIVER'S LICENSE NUMBER _____ STATE OF ISSUE _____

CURRENT ADDRESS _____

CITY, STATE, ZIP _____

I authorize the company to contact my current employer for verification of employment: YES ___ NO ___

___ CA, MN, OK, and NY applicants only: please check here to have a copy of your consumer report sent directly to you by Info Quest, Inc.

To ensure accurate records research, if you have:

Lived in India? Please provide father's full name. _____

Lived in Puerto Rico? Please provide mother's maiden name. _____

Lived in Canada? Please notify HR for additional forms.

I understand by signing my name below that I am signing the Authorization form directing the background check, as described above, and I certify that I have read the Disclosure information attached. If an investigative consumer report, I have received the FCRA Summary of Your Rights, and if a California resident/applicant, the A Summary of Your Rights Under the Provisions of California Civil Code 1786.22. If a New York applicant/employee, I acknowledge receipt of Article 23-A of the New York Correction Law.

APPLICANT'S SIGNATURE _____ DATE _____

EMAIL ADDRESS: _____ PHONE: _____

Email address is required for all subjects, and will be used if necessary for delivery of a 613A letter. If any records are reported to this employer, you will receive a letter to this email address informing you, as well as a copy of the report and another copy of the FCRA Summary of Your Rights. Email address and phone number are gathered and used for scheduling a drug screening.

The consumer and/or investigative consumer report(s) will be obtained from:
Info Quest Inc., PO Box 15521, Surfside Beach, SC 29587. Info Quest's information and privacy policy can be found at www.infoquesthr.com



Fair Credit Reporting Act Disclosure Statement

By this document, Info Quest, Inc. discloses to you that a consumer report, including an investigative consumer report containing information as to your character, general reputation, personal characteristics, and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation being performed by _____ and at any time during your employment there. Should an investigative consumer report be requested, you will have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to acknowledge the receipt of this disclosure.

Signature

Date

Printed Name