

APPLICATION FOR EMPLOYMENT

TO APPLICANT: Federal and State Laws require that all applications be considered without regard to race, religion, color, sex, age or national origin.

(Please Print) _____ Date _____

Name _____ Social Security No. _____
Last First Middle

Address _____
No. Street City State Zip

Telephone No. _____ Referred by: Our Adv't Emp. Agency Friend/Relative No One

Position(s) applied for _____ Full Time Part Time

If part time specify days/hours _____ Rate of pay expected \$ _____ per _____

Have you worked for us before? _____. If YES, when? _____ Position _____

Indicate special qualifications or skills _____

| EDUCATION | NAME & LOCATION OF SCHOOL | COURSE OF STUDY | | YEARS COMPLETED | DID YOU GRADUATE |
|-------------|---------------------------|-----------------|---------|-----------------|------------------|
| Elementary | | | | | |
| High School | | | | | |
| College | | Major: | Degree: | | |
| Other | | | | | |

PRIOR EMPLOYMENT

| | | | |
|---|--------|-----------------------|-----|
| Employer: | Phone: | From: | To: |
| Address: _____ <small>City, State, Zip</small> | | Position: | |
| Duties: | | Supervisor's Name: | |
| | | Starting Salary/Wages | |
| Reason for leaving: | | Final Salary/Wages | |
| Employer: | Phone: | From: | To: |
| Address: _____ <small>City, State, Zip</small> | | Position: | |
| Duties: | | Supervisor's Name: | |
| | | Starting Salary/Wages | |
| Reason for leaving: | | Final Salary/Wages | |
| Employer: | Phone: | From: | To: |
| Address: _____ <small>City, State, Zip</small> | | Position: | |

TO BE READ AND SIGNED BY APPLICANT

- It is agreed and understood that the employer or its agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of furnishing such information.
- In accordance with the provisions of Section 604(b)(2)(a) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, and 391.25 of the Federal Motor Carrier Safety Regulations.
- The applicant agrees to furnish such additional information and complete such examinations as necessary to complete applicant's employment file.
- It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.
- It is agreed and understood that if hired, the applicant may be on a probationary period during which time applicant may be discharged without recourse. Further, any false statement herein submitted will be deemed sufficient reason for rejection or termination of the applicant's employment, irrespective of time lapsed before discovery.
- If requested to do so, I agree to submit to physical and psychological testing prior to employment, or at any time during my employment, including but not limited to a polygraph and/or urine analysis to test for drugs or alcohol.
- It is agreed and understood that the answers to the foregoing questions are true and correct, and that any misrepresentations of information given above shall be considered an act of dishonesty. Further, this application has been completed by the undersigned applicant.
- In connection with my application for employment with you, I understand that an investigative consumer report is being requested from DAC Services, Tulsa, Oklahoma, that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment obtained from previous employers. Further, I understand that you will be requesting information concerning my driving record and/or information from various state agencies which maintain records concerning traffic offenses, accidents, etc., as well as information from DAC concerning (1) previous driving record requests made by others from such state agencies and (2) claims involving me in the files of insurance companies. I have a right to make a written request with a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above described information from DAC, and agree that such information which DAC has or obtains, and my employment history with you, if I am hired, will be supplied by DAC to other companies which subscribe to DAC's services.
- IF HIRED BY YOU, I FURTHER CONSENT TO YOUR FURNISHING TO DAC INFORMATION CONCERNING MY CHARACTER, WORK HABITS, PERFORMANCE DRIVING RECORD AND EXPERIENCE, AS AWELL AS ANY REASONS FOR TERMINATION OF MY EMPLOYMENT, AND FURTHER CONSENT TO DAC'S FURNISHING SUCH INFORMATION IN THE FUTURE TO OTHER COMPANIES WHICH SUBSCRIBE TO DAC'S SERVICES FROM WHICH I MAYBE SEEKING EMPLOYMENT, AND TO ISNURANCE COMPANIES OR THEIR AGENTS IN CONNECTION WITH ISSUANCE OR MAINTENANCE OF INSURANCE COVERAGE.
- The applicant agrees to conform to the rules and regulations of the Company, and understands that employment and compensation can be terminated with or without cause, at any time, at the option of either the Company or the individual.
- The applicant further understands that no personnel recruiter or interviewer or other representative of the Company other than the President, has any authority to enter into any agreement for employment for any specified period of time.

Date: _____

Signature of Applicant: _____

Print name: _____



GENERAL LABOR REFERENCE CHECK

COMPANY NAME: _____ DATE: _____

ADDRESS: _____ CONTACT: _____

PHONE: _____ POSITION: _____

Employee Name: _____ S.S. No. _____

Dates of Employment: _____ Occupation: _____

General Job Responsibilities: _____

Attendance Record: Satisfactory _____ Unsatisfactory _____

Was Employee: Terminated _____ Resigned _____ Lay off _____

Eligible for Rehire: Yes _____ No _____ Upon Review _____

General Comments: _____

AUTHORIZATION / LIABILITY RELEASE

I hereby authorize this company to release all record of employment, including assessments of my job performance, ability and fitness to include drug and alcohol results (if applicable) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company from any and all liability of any type as a result of providing this information to the company requesting this information

Signature of Applicant

Witness