

# EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
First Middle Last

ADDRESS \_\_\_\_\_  
Street City State Zip Code

SOCIAL SECURITY NUMBER \_\_\_\_\_ Are you 18 years or older?  YES  NO

PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_ WORK # \_\_\_\_\_ EMAIL: \_\_\_\_\_

Are you legally able to work in the U.S.A.?  YES  NO

Salary Requirements \$ \_\_\_\_\_ If the job needs one, I have a current VALID driver's license?  YES  NO

Have you ever been convicted of a misdemeanor or felony?  YES  NO. Convictions may not stop you from being eligible for hire. Please describe any convictions: \_\_\_\_\_

Have you signed a non-compete agreement or employment contract in the past year or so?  YES  NO. If yes, describe: \_\_\_\_\_

## EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_

I desire to work:  FULL-TIME  PART-TIME  TEMPORARY

I PREFER to work what shift(s)?  DAY SHIFT  EVENING SHIFT  NIGHT SHIFT  ANY SHIFT

What hours can you work? MONDAY \_\_\_\_\_ TUESDAY \_\_\_\_\_ WEDNESDAY \_\_\_\_\_  
From - To From - To From - To

THURSDAY \_\_\_\_\_ FRIDAY \_\_\_\_\_ SATURDAY \_\_\_\_\_ SUNDAY \_\_\_\_\_  
From - To From - To From - To From - To

Are you employed now?  YES  NO. If yes, may we inquire of your current employer?  YES  NO

Do you plan to work another job? If yes, what hours? \_\_\_\_\_

## TRANSPORTATION

I have reliable transportation to: (check all that apply)

- All Hampton Roads work assignments
- Just those close to a bus stop / other public transportation
- Just those close to my residence
- Just those where a friend or family could drop me off
- It matters based on the shift I work
- I do not have reliable transportation - I walk to work
- I don't know

## JOB REQUIREMENTS

Have you ever worked for a company in our industry before?  YES  NO. If yes, when? \_\_\_\_\_

What Company? \_\_\_\_\_ What State? \_\_\_\_\_

Why do you want to work for our company? \_\_\_\_\_

What behaviors are needed to be successful in this job? \_\_\_\_\_

GRAMMAR SCHOOL					
HIGH SCHOOL					
COLLEGE					
Trade, business or other school					

**MILITARY SERVICE**

U.S. Military [ ]YES [ ]NO National Guard [ ]YES [ ]NO. Branch \_\_\_\_\_ Rank \_\_\_\_\_  
Active Now? [ ]YES [ ]NO Position Title or Summary \_\_\_\_\_

**EMPLOYMENT HISTORY**

List your last five (5) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section below.

EMPLOYER _____	DATES EMPLOYED		Summarize the job performed
ADDRESS _____	From	To	
JOB TITLE _____			
SUPERVISOR NAME _____ PHONE # _____	Hourly Rate/Salary		
REASON FOR LEAVING _____	\$	Per	

EMPLOYER _____	DATES EMPLOYED		Summarize the job performed
ADDRESS _____	From	To	
JOB TITLE _____			
SUPERVISOR NAME _____ PHONE # _____	Hourly Rate/Salary		
REASON FOR LEAVING _____	\$	Per	

EMPLOYER _____	DATES EMPLOYED		Summarize the job performed
ADDRESS _____	From	To	
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SUPERVISOR NAME _____ PHONE # _____	Hourly Rate/Salary		
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EMPLOYER _____	DATES EMPLOYED		Summarize the job performed
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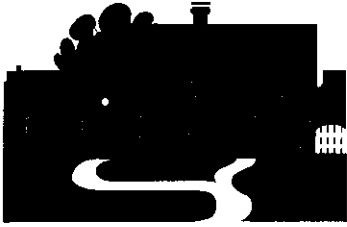
EMPLOYER _____	DATES EMPLOYED		Summarize the job performed
ADDRESS _____	From	To	
JOB TITLE _____			
SUPERVISOR NAME _____ PHONE # _____	Hourly Rate/Salary		
REASON FOR LEAVING _____	\$	Per	

Comments, including explanation of gaps of employment \_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules, regulations and Supervisor's directions. I agree that my employment is at-will, and that my employment and compensation can be terminated, with or without cause, and with or without notice, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than the President, and then only in writing, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the forgoing. **I further authorize all work related verifications of employment, education, training or other work related information, as well as credit or criminal records checking. I authorize all of this information to be provided to the company or their agent and release them from any liability which might be claimed. If required, I agree to fully participate and complete the required pre-employment drug screening.**

\_\_\_\_\_  
Applicant's Signature DATE



APPLICANT INFORMED CONSENT TO DRUG TESTING  
AND RELEASE OF LIABILITY AND MEDICAL INFORMATION

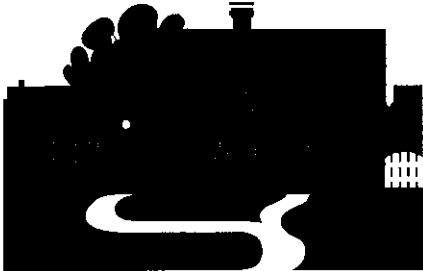
I understand and agree that I am required, as a potential employee, to submit a sample of my urine for chemical testing as a part of my pre-employment screening. It is understood that the urine sample will be taken in the offices of a company designated laboratory and analyzed by qualified medical or laboratory personnel. Further, I understand this analysis will be used to determine the presence, if any, of non-prescribed, unauthorized or prohibited controlled substances in my urine.

I freely and voluntarily consent to this request for a urine specimen. I hereby release and hold harmless the Company, the laboratory, the property owner and their respective employees, agents, contractors, officers, directors and affiliates from any liability whatsoever arising from the request for a urine sample, the testing of the urine sample, and any decisions made on the basis of analysis. I further freely voluntarily authorize the company-designated laboratory to release to the Company all test results of the drug screening urine test as permitted by law.

I understand that a document chain of specimen custody will be made to ensure the identify and integrity of my urine sample throughout the collection and testing process.

\_\_\_\_\_  
*Signature of Applicant*                      *Date*                      *Signature of Witness*                      *Date*

*Social Security Number:* \_\_\_\_\_



## **NOTICE TO ALL PARTICIPANTS DRUG SCREENING REQUIREMENTS**

*On June 1, 1999, the Company will begin implementation of a drug testing program for applicants. This program will involve testing of the potential employee of the Company.*

*As part of the employment process and after a conditional offer of employment has been extended, potential employees will be required to cooperate in the collection of a urine specimen administered by qualified medical or laboratory personnel designated by the company. Testing of the specimen will be conducted by a company-approved biomedical testing laboratory with demonstrated expertise and procedures to ensure proper handling and reporting of results. In the event of a confirmed positive test result, the conditional offer of employment will be revoked and the hiring process will be terminated immediately.*

\* Please complete consent form on back =>

## BACKGROUND REPORT RELEASE FORM

### PLEASE READ CAREFULLY

This is to notify you that in connection with your application for employment or temporary assignment we may produce a consumer report. Please be advised that we may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics and mode of living as part of the process. In the event that information gained from these reports is utilized, either in whole or in part, in making an adverse decision we will provide you with a copy of the consumer report and a description of your summary of rights under the Fair Credit Reporting Act (FCRA) before making an adverse action.

This information may be obtained by contacting your present and previous employers or references supplied by you. The report may cover information including, but not limited to, credit reports, criminal history reports, and any public records i.e. driving records, education and licensing verifications, personal reference verifications, federal and state blocked party information, medical professional sanctions and Social Security number verification.

Please be advised that you have the right to request a copy of the consumer report in a reasonable amount of time (60 days). We will make a complete and accurate disclosure of the nature and scope of the information requested.

By signing below, I am authorizing (Company) Ripley Heatwole Company to prepare a consumer or investigative consumer report on me as part of the screening process for employment or temporary assignment. During the period in which I retain employment or assignment, I further authorize (Company) Ripley Heatwole Company to obtain additional consumer reports or investigative consumer reports on me to evaluate my reliability for purposes of determining continued access authorization. I also acknowledge that (Company) Ripley Heatwole Company will provided me with a copy of my summary of rights under the fair credit-reporting act (FCRA).

I additionally authorize all entities having information about me including present and former employers, criminal justice agencies, department of motor vehicles, schools, and credit reporting agencies to release such information to the below indicated party or (Company) Ripley Heatwole Company and to Partnership Screening as the investigative consumer reporting agency, or to any firm retained to conduct such investigations, with all to be treated as the end user of such information without exception.

Type Name of Requester (Property Name) \_\_\_\_\_

This release and authorization shall remain valid and in effect during the term of your employment. We reserve the right to run additional consumer reports and/or investigative consumer reports on an as needed basis.

Date: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Subject/Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

All Aliases/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Drivers License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

*The information on this form will be used solely for the purpose of identifying or eliminating possible records revealed during the background screening process and will not be used in any way in making an employment or assignment decision*