## \* CURRENT DMV REQUIRED \* APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

Р	Last name	First		Middle	Date				
	Street Address			Home Phone					
Е	City, State, Zip					Business Phone			
R	Have you ever applied for employment with us?  □ Yes □ No If Yes: Month and Year: Location					Number			
S	□ Yes □ N Position Des	ired	Pay Expected						
0	Apart from absence for religious observance, are you available for full-time work?  □ Yes □ No If not, what hours can you work?					Will you work overtime if asked?  □ Yes □ No			
N	Are you lega	When will you begin work?	oe available to						
Α	Other specia	Il training or skills (languages, machine operation, e	Can you travel	if the job requires Yes □ No					
L	How did you	learn of our organization?							
		PERSONAL EDUCATION							
E	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA			
D					□ Yes				
U	College				□ No				
С					□ Yes				
Α	High				□ No				
Т					□ Yes				
I	Trade				□ No				
0					□ Yes				
Ν	Other				□ No				
LIST YOUR TRADE LICENSES WITH THEIR EXPIRATION DATES									
MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (EXCLUDE THOSE WHICH MAY DISCLOSE YOUR RACE, COLOR, RELIGION, OR NATIONAL ORIGIN)									

## **EMPLOYMENT**

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

		<u> </u>
	Company Name	Telephone
	Address	Employed (State Month and Year)
	/ tudi 033	
	Name of Supervisor	From To Weekly Pay
1	Name of Supervisor	
		Start Last
	State Job Title and Describe Your Work	Reason for Leaving
	Company Name	Telephone
		( )-
	Address	Employed (State Month and Year)
_	Name of Supervisor	From To Weekly Pay
2	Name of Supervisor	
	Olete Lil Tille and December West	Start Last
	State Job Title and Describe Your Work	Reason for Leaving
	Company Name	Telephone
		( )-
	Address	Employed (State Month and Year)
_	Name of Supervisor	From To Weekly Pay
3	Name of Supervisor	
	Chata lab Title and Describe Verm Wedle	Start Last Reason for Leaving
	State Job Title and Describe Your Work	Reason for Leaving
	Company Name	Telephone
		( )-
	Address	Employed (State Month and Year)
		From To
4	Name of Supervisor	Weekly Pay
4		Start Last
	State Job Title and Describe Your Work	Reason for Leaving
		j
	Company Name	Telephone
	онтрану манте	
		( )-
	Address	Employed (State Month and Year)
		From To
5	Name of Supervisor	Weekly Pay
•		Start Last
	State Job Title and Describe Your Work	Reason for Leaving
		DO MOT COMITACT
		DO NOT CONTACT
	We may contact the employers listed above unless you	Employer Number(s) Reason
indicate those you do not want us to contact.		Linbiosei isauninei(2) Reason

M	COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES				
	Describe your duties and any special training	Branch of Service			
L 					
†		Rank at Discharge			
A					
R					
Υ					
0 0 s	The information requested is needed for a legally permissible reason, including, without lin occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination and origin. Federal law also prohibits discrimination on the basis of age with respect to origin or all of the above types of discrimination as well as some additional types such as discrimination are mental handicap or disability.	tion in employment because of race, color, religion, sex ertain individuals. The laws of most states also prohibit			
٧	Vhat was your previous address?	How long at present address? years			
_		How long at previous address? years			
	lave you ever been bonded?				
	Yes □ No If yes, with what employer?				
H	Have you ever been convicted of a crime in the past ten years, excluding misdemean				
	innulled, expunged or sealed by a court?   Res Ro If yes, describe in full:	·			
S	State names of relatives and friends working for us other than your spouse.				
F	Please give the name, address and phone number of three references not related to	/ou:			
	3				
A	A drug screening will be required prior to being hired. Please sign to acknowledge that	t you agree with this pre-employment requirement.			
S	Signature	Date			
Δ	Any other information you feel pertains to your qualifications for the position:				
_	any out of information you look portains to your qualifications for the position.				
_					
_					
-					
-					
_					
S					
1	any misstatement or omission of fact on this application may result				
G N	in my dismissal.  I understand that acceptance of any offer of employment does not create a contractual obligation upon to	the employer to continue to employ me in the future.			
Α	I authorize investigation of all statements contained in this application for employment as may be not engage an investigative consumer reporting agency to report on my credit and personal history, I author				
T request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.					
U R					
E	Date	Signature			



## EMPLOYEE AUTHORIZATION TO RELEASE RECORDS

I understand and agree that: The information supplied, was submitted by myself, and all information is true and correct, to the best of my knowledge. I understand that false or misleading information given in my application and/or interview(s) will be considered as cause for possible dismissal and/or discharge. I also understand that I am to abide by all rules and regulations of the company. The company has my authorization to thoroughly investigate my work and personal history. I understand that the information supplied by me, regarding my: Employment History, Education (including an authorization to release transcripts), Credit History, Criminal History, Medical and Professional Licensing, Motor Vehicle Record(s), Residence History, and References, will be utilized as part of the processing procedures. A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living. I will hold no person liable for giving or receiving information in this investigation. I hereby authorize SentryLink LLC an agent of ROOTER EXPRESS, LLC to make a thorough check of my past Employment, Education, and activities.

I release from liability all persons, companies, and corporations supplying that information.

I release and indemnify ROOTER EXPRESS, LLC and SentryLink LLC against any liability that might result from making such background checks. A copy of this form is as valid as the original.

FULL NAME (PRINT)		DATE
ADDRESS		CITY,ST & ZIP
DATE OF BIRTH	DL# & STATE	SOCIAL SECURITY NUMBER
SEX	RACE	HEIGHT WEIGHT
HAIR COLOR	EYE COLOR	BIRTHPLACE
	ON IS USED FOR IDENTIFICATION A DERED DISCRIMINATORY UNDER E	AND STATISTICAL PURPOSES. IT IS NOT USED EOC GUIDELINES
SIGNATURE		DATE SIGNED