

ELDREDGE, INC.
Employment Application



POSITION _____

APPLICANT INFORMATION										
Last Name			First			MI.		Date		
Street Address						Apartment/Unit #				
City				State		ZIP				
Phone				E-mail Address						
Date of Birth			Social Security No.			Desired Salary				
Position Applied for										
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?			
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain			

EDUCATION											
High School			Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	
College			Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	
Other			Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	
Other			Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	

REFERENCES									
Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									

RESIDENCE HISTORY (LAST 7 YEARS)

How long have you lived at the current address you listed on the first page?

Street Address				Apartment/Unit #	
City		State		ZIP	
How Long? (Mon/YR)					

Street Address				Apartment/Unit #	
City		State		ZIP	
How Long? (Mon/YR)					

Street Address				Apartment/Unit #	
City		State		ZIP	
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How Long? (Mon/YR)					

Street Address				Apartment/Unit #	
City		State		ZIP	
How Long? (Mon/YR)					

Street Address				Apartment/Unit #	
City		State		ZIP	
How Long? (Mon/YR)					

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DRIVER'S LICENSE INFORMATION

STATE	LISCENSE NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE

ACCIDENTS

DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES	DAMAGES

TRAFFIC CONVICTIONS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE "NONE"

DATE	LOCATION	CHARGE	PENALTY

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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DISCLOSURE
[IMPORTANT-PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]
DISCLOSURE REGARDING BACKGROUND INVESTIGATION

[EMPLOYER] ("the Company") may obtain information about you for employment purposes from a third-party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and a copy of any report about you. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by First Advantage Background Services Corp. ("First Advantage"), P. O. Box # 105292, Atlanta, GA 30348, 1-800-845-6004. The scope of this notice and authorization is all encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

Please note: Nothing contained herein should be construed as legal advice or guidance. Employers should consult their own counsel about their responsibilities under the FCRA and applicable state law. First Advantage expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided herein.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer or insurance company to furnish any and all background information requested by First Advantage P. O. Box # 105292, Atlanta, GA 30348, 1-800-845-6004, another outside organization acting on behalf of the Company, and/or the Company itself. Their Privacy Policy can be reviewed at <http://www.fady.com/privacy-policy/>. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report at no charge if one is obtained by the company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Washington State applicants or employees only: You also have a right to request from the consumer reporting agency a written summary of your rights and remedies under Washington Fair Credit Reporting Act.

Last Name _____ First Name _____ Middle Name _____

Signature _____ Date: _____

**If you will be requesting driving records, we recommend that you have this form notarized.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report request by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

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APPLICANT/EMPLOYEE KEEP THIS PAGE FOR YOUR RECORDS

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