



Employment Application

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the applicative process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

Position Applied for: _____

Applicant's Information

Name:	_____ <small style="display: block; text-align: center; margin-left: 100px;">Last</small> <small style="display: block; text-align: center; margin-left: 150px;">First</small> <small style="display: block; text-align: center; margin-left: 200px;">Middle</small> <small style="display: block; text-align: center; margin-left: 250px;">Suffix</small>
Current Address:	_____ <small style="display: block; text-align: center; margin-left: 20px;">Street</small>
	_____ <small style="display: block; text-align: center; margin-left: 20px;">City</small> <small style="display: block; text-align: center; margin-left: 150px;">State</small> <small style="display: block; text-align: center; margin-left: 200px;">Zip Code</small>
Phone Number:	_____ _____

Availability

What date can you start?	_____
What Category would you prefer?	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
For which schedule are you available?	<input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Overtime <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Other _____

Job Related Skills

<input type="checkbox"/> Yes <input type="checkbox"/> No	If the job requires, do you have the appropriate valid driver's license?
	<i>Name on License:</i> _____ <i>Driver's License No.:</i> _____ <i>Type of License:</i> _____ <i>State of Issue:</i> _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had any moving violations within the last seven years?
	<i>Please Describe:</i> _____ _____ Please list any other skills, licenses or certificates that may be job-related or that you feel would be a value to this job or company. _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been given a job description or had the essential functions of the job explained to you?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you understand these essential functions?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Can you perform the essential functions of this job with or without reasonable accommodation?

Security

List states and countries of residence for the past seven years:			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you used any names or Social Security Numbers other than given above? If so, please list below.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below. Applicant is not obligated to disclose any referenced to a pre or post trial diversion program, any conviction which has been sealed, expunged or erased by the court, or, if in California, any marijuana related misdemeanor conviction entered more than two years prior to the date of this employment application. (Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.)	
1.	Incident	City/State	Charge
2.			

Previous Employment

<i>Most Recent Employer</i>			
<i>Company Name</i>			
<i>City</i>	<i>State</i>	<i>Phone</i>	<i>Fax</i>
<i>Dates of Employment</i>		<i>Job Title</i>	
Duties			
Salary \$ _____ per _____ Reason for Leaving _____			
Are you currently working for this employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, may we contact this employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No

<i>Second Most Recent Employer</i>			
<i>Company Name</i>			
<i>City</i>	<i>State</i>	<i>Phone</i>	<i>Fax</i>
<i>Dates of Employment</i>		<i>Job Title</i>	
Duties			
Salary \$ _____ per _____ Reason for Leaving _____			

<i>Third Most Recent Employer</i>			
<i>Company Name</i>			
<i>City</i>	<i>State</i>	<i>Phone</i>	<i>Fax</i>
<i>Dates of Employment</i>		<i>Job Title</i>	
<i>Duties</i>			
<i>Salary \$ _____ per _____ Reason for Leaving</i>			

References

Include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed above.

<i>Name</i>	<i>Phone</i>	<i>Years Known</i>	<i>Relationship</i>

Certification and Release

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in the application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

<i>Applicant's Printed Name</i>	<i>Applicant's Signature</i>	<i>Date</i>

Disclosure to Employment Applicant Regarding Procurement of a Consumer Report

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights in the "Summary of Your Rights Under the Fair Credit Reporting Act" document.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

This report will be processed by:
ADP Screening and Selection Services
301 Remington Street
Fort Collins, CO 80524
800-367-5933

Applicant's Name:

_____ *(Please Print)*

Applicant's Address:

City/State/Zip:

Applicant's Signature:

Social Security Number:

GIVE COPY WITH SUMMARY OF RIGHTS TO APPLICANT. RETAIN A COPY FOR YOUR FILES.

Release Authorization

Applicant Complete the Following

- I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the report(s) ordered. Check this box . The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by _____ or its agent, to furnish the information described in Section 1.
- VI. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to _____. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT – regulated items: alcohol tests with a result of 004 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name	LAST	FIRST	MIDDLE
Please print other names you have used			
Home Address			
City	State	Zip Code	
Social Security Number	Date of Birth		

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, WI

Sex: Male Female

Race: Asian Black Hispanic White Other

Driver's License Number	State Issuing License
Name as it appears on license	
Signature	Today's Date

If required, notarize here
When using an embossed seal, please shade with a pencil before faxing.

Subscribed and sworn before me:

Name

Date

Notary Public

My Commission Expires

Inquiry to Past Employer

From: Inlet Construction Inc.
911 E. Sparrow Road
Virginia Beach, VA 23464

**PLEASE RETURN THIS FORM BY FAX TO
757-275-9110 AS SOON AS POSSIBLE.**

To: _____

Re: _____

The person identified above has indicated on his application for employment that your company is a former employer. Accordingly, we are requesting your assistance as we complete our employment process for applicants. Kindly complete this form with as much information as you have regarding this person. To expedite our further handling, we ask that you return this form to us by fax at the number listed above. You will note this person has endorsed the consent and wavier at the bottom of this form thereby permitting the release of this information to us. Thank you in advance for your prompt attention.

1. This person was employed from ____/____ to ____/____. Rate of Pay \$_____ per _____.
2. Job title or description

Special Equipment

3. If employed as a CDL Driver, please answer the following (pursuant 49CFR Parts 382 & 391)
Type of Vehicle *Tractor Trailer* *Straight Truck* *Bus* *Dump Truck* *Other* _____
Has license ever been suspended or revoked while in you employ? *Yes* *No*
Number of accidents _____, *how many in which the driver was ticketed for a moving violation* _____.
Do you have a record or report that within the last two years this person has...
 Test positive for a controlled substance? *Yes* *No*
 Had a BAC of 0.04 or greater? *Yes* *No*
 Refused to submit to a drug or alcohol test? *Yes* *No*

If yes to any of the questions regarding substance abuse testing, please provide the name and telephone number of the SAP for further reference:

Name: _____ Telephone Number: _____

4. Did this person pose repeated or severe disciplinary problems? *Yes* *No*
5. Were you satisfied with the quality of this person's work? *Yes* *No*
6. Did this person report to work regularly and on time? *Yes* *No*
7. Reason for termination:
 Resigned with Notice *Resigned without Notice* *Lay Off*
 Discharge Reason _____
8. Is this person eligible for rehire? *Yes* *No*
9. Do you recommend this person for employment in a similar position? *Yes* *No*
10. Comments

Information Provided By: _____ Title: _____ Date: _____

Consent to Release Information and Waiver of Liability

I, _____, hereby consent to, and authorize the reporting of the information requested herein to prospective employers and further release my former employer(s) from any and all liability of any type as a result of providing this information.

Signature of Former Employee	Date	Witness	Date
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