

EMPLOYMENT HISTORY - Please Explain any gaps in employment in comments section below

Job Title _____ Date Employed - From _____ To _____
Employer _____ Address _____ Telephone _____
Hourly Rate or Wage - Starting \$ _____ Per _____ Ending \$ _____ Per _____
Summarize the type of work performed and job responsibilities _____

Reason for Leaving _____
May we contact for reference? Yes No Later
Comments _____

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I give the employer the right to contact and obtain information from all references, employers, schools and to verify the accuracy of the information contained in this application. I hereby release the employer and its representatives from liability for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that if I am employed, any misrepresentation or material omission made by me on this application may be sufficient cause for immediate termination, whenever it is discovered. If your drivers license status changes or you are arrested you must inform employer.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete and I-9 Form in this regard.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice. The employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law.

This application does not constitute an agreement or contract for employment for any specified or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary.

I have read and fully understand the above and seek employment under these conditions.

Signature of Applicant _____ Date _____

PRE-EMPLOYMENT DRUG-TESTING POLICY

All job applicants at this company will undergo screening for the presence of illegal drugs or alcohol as a condition for employment.

Applicants will be required to voluntarily submit to a urinalysis test at a laboratory chosen by the company and, by signing a consent agreement, will release the company from liability.

Any applicant with positive test results will be denied employment at that time but may initiate another inquiry with the company after six months.

The company will not discriminate against applicants for employment because of past abuse of drugs or alcohol. However, the company will not tolerate any current drug or alcohol abuse that prevents employees from properly performing their jobs.

I understand the above conditions and hereby agree to comply with them.

(Applicant's Name - Print)

(Date)

(Applicant's Signature)

**COMBINED DISCLOSURE NOTICE AND AUTHORIZATION
REGARDING BACKGROUND CONSUMER REPORTS**

(Important: Please read carefully before signing.)

The Fair Credit Reporting Act requires that we inform you that a background investigation may be conducted as part of our screening and hiring process. This may include an inquiry to obtain information regarding your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living and/or credit and indebtedness. The primary objective of any investigation will be to verify information you provided on your application or during the interview process in connection with your application for and/or continued employment (or contract) with the company. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the company. Upon timely written request to our personnel department, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the report (if one is made) will be provided to you. You have the right to request details of the report from the consumer-reporting agency. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law. The items of information requested below are required to process your background investigation. They are intended solely for that purpose and will not be used in a discriminatory manner for the making of business decisions.

PLEASE PRINT LEGIBLY IN BLOCK CAPITAL LETTERS.

Printed Full Name of Applicant: _____

Other Names Used & Date Changed: _____
(Including Maiden Name) (Year changed)

Telephone Number/s: _____

Current Address: _____
(Mon/Year) (Street) (City) (State) (Zip)

Previous Address: _____
(Mon/Year) (Street) (City) (State) (Zip)

Previous Address: _____
(Mon/Year) (Street) (City) (State) (Zip)

Social Security # _____ / _____ / _____ Date of Birth: _____ / _____ / _____ (Month, Day, Year)

Driver License # _____ State _____

Professional License/s: _____ State: _____ Type: _____ Number: _____

Have you ever been charged with or convicted of a Misdemeanor or Felony crime? Yes _____ No _____
If yes, please explain in some detail, including what county and state, and in what year:

I hereby authorize **Flash Rite Inc. and/or Global Safety Network and their agents**, without any reservation, to investigate my background as it pertains to employment history and performance, personal and professional references, educational history, licenses and information contained in public records, including, but not limited to, credit, criminal, motor vehicle data and workers compensation. I hereby release all persons, companies or other entities furnishing such information from liability and responsibility in connection herewith. I further authorize ongoing procurement of the types of reports mentioned herein at any time during my employment (or contract) with the company. A photocopy of this document may be substituted for the original.

Signature Of Applicant _____ Date _____ / _____ / _____

MN/CA/OK Residents Only: Do you wish to receive a copy of your consumer report? Yes _____ No _____

PREVIOUS EMPLOYMENT VERIFICATION

Name of Most Recent Employer:	
City:	
State:	
Zip:	
Employer Contact:	
Employer Contact Phone Number:	
Years of Service (START and END Dates):	
Title:	
Reason for Leaving:	
Name used while employed:	

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Applicant Name: _____ SSN: _____

Consent to MVR, Background, Drug & Alcohol Testing

I hereby consent, agree and understand:

- To submit to urinalysis and/or other test as determined by Flash-Rite, Inc. (hereafter called Flash-Rite) in the selection process of applicants for employment and that if I refuse to consent, I will be removed from further consideration for employment.
- That the positive result of the drug testing will remove me from consideration for employment.
- That I have received and read Flash-Rite's Substance Abuse and Testing Policy and understand that, if employed by this employer, I must abide by the terms of this Employer's Drug-Free Workplace Policy and may be required to submit random testing for the presence of illegal drugs or alcohol and/or testing after an accident or incident or for the purposes of investigation as required by Part 382 and Part 40 of the Federal Motor Carrier Safety Regulations if applicable.
- That during my employment, if directed, I will submit to a substance abuse test and failure to comply with a substance abuse test request or positive result may lead to termination of employment, denial of unemployment benefits and may affect my right to obtain workers' compensation benefits.
- That random submission to drug testing is a condition of employment and disciplinary action, up to and including discharge may result if 1) I refuse to consent to such testing 2) I refuse to execute all forms of consent and releases of liability as are usually and reasonably attendant to such examinations 3) I refuse to authorize release of the test results to this employer, if the tests establish a violation of this Employer's Drug-Free Workplace Policy or 4) I otherwise violate the policy.
- I further agree to hold harmless Flash-Rite and its agents, physician or clinic, from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the company's consideration of my application for employment. I agree that Lab Corp may collect these specimens, test them or forward them to a testing laboratory designated by the company for analysis and authorize the release of results of said tests to Flash-Rite.
- That as a condition of obtaining and/or maintaining employment with Flash-Rite I authorize Flash-Rite to investigate my background which includes employment history, criminal history, motor vehicle record (MVR) checks and safety performance history in accordance with Parts 391.23 and 391.25 of the Federal Motor Carrier Safety Regulation, if applicable.
- That I authorize Flash-Rite to obtain information from the necessary sources including any necessary government agency and give permission to Flash-Rite to perform these investigative checks for pre-employment and at any time during my employment.
- That I authorize Flash-Rite to obtain a copy of my driver's license and any information I provide to Flash-Rite is my own. I understand that if I request the information of any other individual besides myself, I may be subject to severe penalties under applicable federal and state law. I understand that Flash-Rite will make reasonable efforts to check the accuracy of any information provided.
- That Flash-Rite receives the driving record directly from the Florida Department of Highway Safety; consumer reporting agencies or other sources therefore the underlying information



received is that which is currently available from FDHS, consumer reporting agencies or other sources subject to availability. I understand that the Federal Fair Credit Reporting Act (FRCA) protects certain categories of background information contained in “consumer reports.” To the extent that Flash-Rite procures information on job applicants/employees in “consumer reports” furnished by “consumer reporting agencies,” it will comply with all applicable provisions of the FCRA, you may contact the Federal Trade Commission.

- To release and indemnify Flash-Rite as well as their officers, employees, shareholders, affiliates, credit bureaus and other information suppliers used by Flash-Rite, as well as their parent sister, and affiliate entities, their officers, employees, contractor and agents from all liability arising from the unauthorized access or improper use of the information reports and services which are provided on all reports obtained and pursuant to this agreement.

I certify that I’ve read and understand the foregoing paragraphs. I hereby agree to the terms and conditions of Flash-Rite Consent to Drug Testing and Background Check and I also acknowledge that any copy of this authorization form bearing my correct signature has the same force and effect as the original. I also acknowledge that nothing in this consent form is to be construed as a contract between the parties. I certify that all information provided by this application shall be true and accurate to the best of my knowledge and I have read, understood and agreed to the terms of this legally binding agreement.

Applicant Name: _____

Signature of Applicant: _____ Date: _____

Witness Name: _____

Signature of Witness: _____ Date: _____