



PLEASE LIST TITLES FOR ANY PATENTS, PAPERS, THESES, OR ARTICLES \_\_\_\_\_

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

SPECIAL TRAINING \_\_\_\_\_

SPECIAL SKILLS \_\_\_\_\_

**EMPLOYMENT RECORD**

(LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

=====

1. NAME OF EMPLOYER: (LAST OR PRESENT JOB) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

WEEKLY SALARY: STARTING \_\_\_\_\_ FINAL \_\_\_\_\_

JOB TITLES: \_\_\_\_\_ DUTIES \_\_\_\_\_

NAME AND TITLE OF IMMEDIATE SUPERVISOR: \_\_\_\_\_ MAY WE CONTACT? \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

2. NAME OF EMPLOYER: (LAST OR PRESENT JOB) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

WEEKLY SALARY: STARTING \_\_\_\_\_ FINAL \_\_\_\_\_

JOB TITLES: \_\_\_\_\_ DUTIES \_\_\_\_\_

NAME AND TITLE OF IMMEDIATE SUPERVISOR: \_\_\_\_\_ MAY WE CONTACT? \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

3. NAME OF EMPLOYER: (LAST OR PRESENT JOB) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

WEEKLY SALARY: STARTING \_\_\_\_\_ FINAL \_\_\_\_\_

JOB TITLES: \_\_\_\_\_ DUTIES \_\_\_\_\_

NAME AND TITLE OF IMMEDIATE SUPERVISOR: \_\_\_\_\_ MAY WE CONTACT? \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

**REFERENCES**

=====

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**SERVICE RECORD**

=====

HAVE YOU EVER SERVED IN U.S. ARMED FORCES? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, BRIEFLY DESCRIBE THE NATURE OF YOUR DUTIES \_\_\_\_\_  
\_\_\_\_\_

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES \_\_\_\_\_ YES \_\_\_\_\_ NO

DATE OBLIGATION ENDS \_\_\_\_\_

**AUTHORIZATION**

=====

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION MAY BE GROUNDS FOR DISMISSAL.

I ACKNOWLEDGE THAT THE FIRM MAY CONTACT ANY PERSON WHOSE NAME I PROVIDED AS A REFERENCE DURING THE APPLICATION/HIRING PROCESS, AND HEREBY AUTHORIZE SAID PERSON(S) TO PROVIDE FULL AND COMPLETE INFORMATION CONCERNING MY SUITABILITY FOR EMPLOYMENT. I ALSO ACKNOWLEDGE THAT THE FIRM MAY CONDUCT A CRIMINAL BACKGROUND CHECK OR CREDIT HISTORY CHECK, BASED UPON MY JOB DUTIES. I HEREBY AUTHORIZE THE FIRM TO CONDUCT A CRIMINAL BACKGROUND CHECK AND/OR A REVIEW OF MY CREDIT HISTORY, AND ACKNOWLEDGE THAT MY HIRING AND/OR CONTINUED EMPLOYMENT MAY BE CONDITIONED UPON THE RESULTS.

I HEREBY RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU."

"I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS EMPLOYMENT AT WILL AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

FOR INTERVIEWER'S USE

INTERVIEWER \_\_\_\_\_

HIRED \_\_\_\_\_ FOR DEPT. \_\_\_\_\_ POSITION \_\_\_\_\_

START DATE \_\_\_\_\_ SALARY \_\_\_\_\_ FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS:

*ADP Screening and Selection Services offers this form as a service to our clients. Please feel free to copy this form for your own use. This document is compliant with the requirements of the FCRA in its original format. However, if you chose to modify this document, ADP cannot guarantee it will remain compliant with all federal and state regulations. Please have any modifications reviewed by competent legal counsel.*

## **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 or investigative 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, Colorado 80524  
800-367-5933

Applicant's Name: \_\_\_\_\_  
(Please Print)

Applicant's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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

Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

**You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

**You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

**You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

**You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.

**Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

**Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

**Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

**You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

**You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

**You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

**Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	<b>Federal Trade Commission: Consumer Response Center - FCRA</b> Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	<b>Office of the Comptroller of the Currency</b> Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	<b>Federal Reserve Board Division of Consumer &amp; Community Affairs</b> Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	<b>Office of Thrift Supervision</b> Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	<b>National Credit Union Administration</b> 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	<b>Federal Deposit Insurance Corporation</b> Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	<b>Department of Transportation</b> Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	<b>Department of Agriculture</b> Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

ADP Screening and Selection Services offers this form as a service to our clients. Please feel free to copy this form for your own use. This document is compliant with the requirements of the FCRA in its original format. However, if you chose to modify this document, ADP cannot guarantee it will remain compliant with all federal and state regulations. Please have any modifications reviewed by competent legal counsel.

## 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 0.04 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