

APPLICATION FOR EMPLOYMENT

Name _____ Date _____

Address _____ Phone _____

City _____ State _____ Zip _____

Position Applied For _____ Referral Source _____

Special Training Skills _____

(languages, machine operations, etc. - that would benefit you in the job for which you are applying)

Date Available to Start Work _____ Salary Desired _____

Do you have a legal right to be employed in the U.S? Yes No Are you over 18? Yes No

Are you open to travel? Yes No Amount _____

Have you ever been convicted of a crime? Yes No If yes, give dates, explain _____

A conviction will not necessarily result in denial of employment

Have you ever worked under another name? If yes, what was it? _____

Relatives that work for the company? _____

PREVIOUS EMPLOYERS

Place an X by the employer(s) you do not want us to contact. List the most recent employer first.

Company Name _____ Job Title _____

Address _____ Contact Name _____ Phone _____

Employed From _____ To _____ Reason for Leaving _____

Primary Duties _____

Company Name _____ Job Title _____

Address _____ Contact Name _____ Phone _____

Employed From _____ To _____ Reason for Leaving _____

Primary Duties _____

Company Name _____ Job Title _____

Address _____ Contact Name _____ Phone _____

Employed From _____ To _____ Reason for Leaving _____

Primary Duties _____

EDUCATIONAL BACKGROUND

High School, Name & Location _____

Did you graduate?

Yes

No

College, Name & Location _____

Degree/Course of Study _____

Did you graduate?

Yes

No

Graduate School, Name & Location _____

Degree/Course of Study _____

Did you graduate?

Yes

No

Vocational, or Other Training, Name & Location _____

Degree/Course of Study _____

Did you graduate?

Yes

No

Military Experience _____

Continuing Education _____

Certifications/Licenses _____

REFERENCES

Provide the names of three persons not related to you, whom you have known at least one year.

Name _____ Years Known _____

Business _____ Phone _____

Name _____ Years Known _____

Business _____ Phone _____

Name _____ Years Known _____

Business _____ Phone _____

I certify that all the information submitted by me on this application is true and complete and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules. I acknowledge that there is no specified length of employment and agree that my at - will employment and compensation can be terminated with or without cause, and with or without notice at any time at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed at any time by the company. I understand that no company representative, other than it's president, and then only when in writing and signed by the president, has the authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing. I authorize the company to investigate all statements contained in this application and release all parties from any liability for any damage that may result from furnishing same to you. I understand that any offer of employment is contingent upon satisfactory completion of a pre-employment physical, test for controlled substances and/or an investigative consumer report.

Applicant's Signature _____ Date _____

BARKER LEMAR EMPLOYEE SERVICES IS AN EQUAL OPPORTUNITY EMPLOYER

DISCLOSURE & AUTHORIZATION FORM FOR CONSUMER REPORTS

This serves to advise you that in consideration for employment (including contract for services) with Barker Employment Services, Inc., a consumer report and/or investigate consumer report may be obtained on you. This process may include verification of education, credit history, employment history, a review of any local, county, state, and federal government agency records, court public records, driving records (MVR), workers' compensation claim files, and employment, personal or professional references. References may include information pertaining to your general character and reputation, personal characteristics, mode of living, and work habits. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. The source of the reports will be First Advantage, 300 Primera Blvd., Suite 356, Lake Mary, FL 32746. Toll-free number: 800.725.5051 ext: 122.

Please be advised you have the right to inspect the files that the consumer reporting agency may have on you during normal business hours and upon furnishing proper identification. You also have the right to make a request of First Advantage, upon proper identification and the payment of any authorized fees, for the information in its files on you at the time of your request. The nature and scope of the investigative consumer report will be criminal records, credit history, driving record, verification of education, license, or certification, and/or a social security number trace. 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 and a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

By signing below, you hereby authorize without reservation, any party or agency contacted to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You hereby authorize and request, without any reservation, any present or former employer, school, law enforcement or criminal agency, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish First Advantage with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report as prepared by the consumer reporting agency, if one is obtained, please check this box and we will send a copy to you within three days.

If public record information about your character, general reputation, personal characteristics, and mode of living is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information within seven days of our receipt of it unless you check this box where you hereby waive your right to obtain a copy of the consumer report.

_____	_____	_____
Printed Full Name	Home Phone	Work Phone
_____		_____
Address	City, State, Zip	
_____	_____	_____
Social Security Number	Maiden or Other Name Used	Year Last Used
_____	_____	_____
Drivers License Number	State	Gender (M or F)
_____	_____	_____
Professional License	State	Number
_____	_____	_____
Signature	Date Signed	