

LAST NAME		FIRST NAME	FIRST NAME		MIDDLE INITIAL	
STREET ADDRESS		CITY		STATE	ZIP	
	(	)	(	)		
SSN	HOME PHO	ONE #	DAYTI	ME PHONE #		
Position Desired? Select	only one per area					
	Daytime 🗌 Evening	gs 🛛 🗆 Office C	leaning 🛛 Floor Ma	intenance 🗌 (	Carpet Maintenance	
		🗌 Lead Pe	rson 🗌 Supervis	or		
Do you have experience	e in any of these a	area? Check all that app	bly			
Carpet Maintenance			rvisory Work		, high speed buffing,	
<ul> <li>I agree to any backgroup</li> </ul>	und checks and/or o	drug testing:	Yes □No Are you	21 or older?	□Yes □No	
Date Available	• Hours /	Available / Wk	• Will W	ork Overtime	□Yes □No	
Are there restrictions or	n the amount of we	ight you can lift? ∣	□Yes □No •If y	es, how many l	bs?	
<ul> <li>Do you foresee any imp job for which you are a</li> </ul>				your ability to p	erform the	
Have you ever worked	far ua hafara2 🗔		ves. when?			
	ior us belore?					
• Do you have friends or						
<ul><li>Do you have friends or</li><li>Do you have your own</li></ul>	relatives working h	ere? □Yes □N	lo • If yes, who? _			
•	relatives working h transportation?	ere? □Yes □N ]Yes □No ・Do	<i>lo</i> • If yes, who? _ 9 you have a valid Driv	ver's License?	□Yes □No	



#### Days and hours available for work: Check all available and write hours for each

🗌 Monday	🗌 Friday
🗌 Tuesday	□ Saturday
🗌 Wednesday	🗌 Sunday
🗌 Thursday	

### List 3 (three) references who are not related to you: List name & phone number

name		name
phone #	phone #	phone #

### LIST PAST EMPLOYMENT BEGINNING WITH MOST CURRENT

Employer, Address & Phone #	Start Date	End Date	Supervisor's Name	Rate of Pay	Reason for leaving
I					
2					
3					
Ą					

### INDICATE BY NUMBER ANY OF THE ABOVE YOU DO NOT WISH US TO CONTACT

I hereby certify that the information contained in this application is true and correct, and I authorize the representatives from Rock Valley Industries, to contact any of my employers, current or former, and other references, unless otherwise stated, for the purpose of collecting information regarding my employment with them.

I understand that if I am employed by Rock Valley Industries, any misrepresentation of the facts as stated on this application form is sufficient cause for dismissal. I also understand that by completing this application, Rock Valley Industries, is not bound in any way to hire me.

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# **AUTHORIZATION FOR CONSUMER REPORTS**

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by COmpany. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during y employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

#### This authorization is conditioned upon the following representation of my rights:

I understand that I have the right to make a request to the consumer reporting agency: Datasource, Inc ("Agency"), 1200 South Outer Road, Blue Springs, MO 64015, telephone number (877) 577-3832, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.datasourcecorp.com.

**California, Minnesota, Oklahoma Employer.** I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report the Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me.

**California Applicants.** As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (CTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices (by appointment only), which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

**New York Employer / Applicant.** I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law.

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

# DISCLOSURE FOR CONSUMER REPORTS

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights.

In connection with my application for employment (including contract or volunteer services) with Company, I understand consumer reports will be requested by you ("Company"). These reports may include names and dates of previous employers, reason for termination of employment, work experience, educational history, accidents, licensure, credit reports, etc., as applicable and allowed by law. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, criminal and civil records, etc., from government and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers, past or current associates of mine, etc.) to gather information regarding my work, character, general reputation, and personal characteristics, and professional or educational qualifications may be obtained.

If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

I understand that I have rights under the Fair Credit Reporting Ct, and I acknoledge receipt of the Summary of Rights.

Initial

Print Full Name

Signature

Date

APPLICANT / EMPLOYEE						
Print Full	Name					
Alias / Ma	aiden Name					
Social Se	ecurity #		Date of Birth	1		
Driver's l	_icense #	State of Issu	iance			
List all a	ddresses during th	ne past 7 years				
Current						
	Street	City	State	ZIP	Dates	
Previous	Street	City	State	ZIP	Dates	
Previous		01	0.1	710		
	Street	City	State	ZIP	Dates	
Previous	Street	City	State	ZIP	Dates	
Previous						
	Street	City	State	ZIP	Dates	