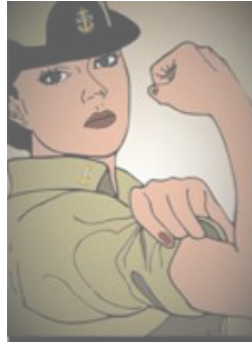


Applicant's Name: _____



Resource 1893 LLC

Job Applicant Information Release Authorization Form

I hereby authorize any person, company, and or educational institution I have listed as a reference on my employment application to fully disclose in good faith any information they may have regarding my qualifications for employment. I will not hold any prospective or former employer, educational institutions, and nor any other persons giving references liable for the exchange of this information along with any other reasonable and necessary information that is necessary and inherent to the employment process.

_____ **Date** _____
Signature of Job Applicant

Print Name

Applicant's Name: _____

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

| Name and Address | | | | | | | |
|--|-------------------------------|--|-------------------------------|--|-------------------------------|---|-------------------------------|
| Name (First, MI, Last) | | | | Social Security Number | | | |
| Mailing Address | | | | | | | |
| City, State, and Zip Code | | | | | | | |
| Telephone | | | | Alternate Phone | | | |
| If under 18, please list age | | | | Email | | | |
| Job Type | | | | | | | |
| Days/hours available to work | | | | | | | |
| <input type="checkbox"/> I have no preference. | <input type="checkbox"/> Mon. | <input type="checkbox"/> Tues. | <input type="checkbox"/> Wed. | <input type="checkbox"/> Thurs. | <input type="checkbox"/> Fri. | <input type="checkbox"/> Sat. | <input type="checkbox"/> Sun. |
| I am seeking a: | | <input type="checkbox"/> Full-time job | | <input type="checkbox"/> Part-time job | | <input type="checkbox"/> Full- or Part-time | |
| How many hours can you work weekly? | | | | Can you work nights? | | Date available to begin | |
| Additional Information | | | | | | | |
| Have you ever been employed by this organization in the past? | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony? | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, please explain: | | | | | | | |
| Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Drivers license number | | Issued in what state? | |
| Have you had any accidents during the past three years? | | | | | | How many? | |
| Have you had any moving violations during the past three years? | | | | | | How many? | |

Applicant's Name: _____

| Education | | | | |
|---|------------------------------|-----------------------------|----------------|-------------------|
| School | Location (mailing address) | Years Completed | Major | Degree or Diploma |
| High School | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| College or Business/Trade School | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Military | | | | |
| Have you even been in the Armed Forces? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date entered | |
| Are you now a member of the National Guard? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Discharge date | |
| Specialty | | | | |

Applicant's Name: _____

Work Experience

Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.

| | | |
|---------------------------|-------------------------|-----------------|
| Company | Name of last supervisor | Hrs/week |
| Address | Start Date | Starting Salary |
| City, State, and Zip Code | End Date | Final Salary |
| Phone number | Your last job title | |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? Yes No

| | | |
|---------------------------|-------------------------|-----------------|
| Company | Name of last supervisor | Hrs/week |
| Address | Start Date | Starting Salary |
| City, State, and Zip Code | End Date | Final Salary |
| Phone number | Your last job title | |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? Yes No

Applicant's Name: _____

| References | | |
|---|--|------|
| <i>Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.</i> | | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| <i>I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.</i> | | |
| Signature | | Date |

Applicant's Name: _____

Background Investigation Authorization Form

(Please Read Carefully Before Signing)

The Fair Credit Reporting Act (Amended 1997) has stipulation that we inform you that a background investigation may be processed as part of our screening and selection process. This investigation may include inquiries to gather legal information regarding your personal characteristics, mode of living, character and general reputation. This information, if gathered, is used to verify that specific information that you provided on an application, resume or during the interview process. Upon your written request, within a reasonable timeframe, the nature and scope of the report, if one is made, will be provided. In addition, if a report is processed, you have a right to request a copy of the report from the consumer-reporting agency that provided same report.

The items of personal information requested below are needed to process your background investigation. This information is intended solely for that purpose and will not be used in a discriminatory manner by the parties noted below in the making of appropriate business decisions.

Social Security # _____ - ____ - _____ Your Date of Birth ____ - ____ - ____ (Month,Day,Year)

Driver's License # _____ State of Issue _____

List all your addresses for the past 7 years, starting with most recent: (Must include present address)

Street Zip From To Address City State County Code Mo./Yr. Mo./Yr.

Have you ever been convicted of a crime (Other than minor traffic offenses)? Yes__ No__

If Yes, Please Explain Charges: (Use an additional sheet of paper if necessary) _____

What State, What County and What Year did these convictions occur? _____

Other names you have used, including maiden names and the date(s) your name(s) changed:

I authorize _____ and/or Oxford Document Management and their agents to investigate my background as it pertains to employment, appointment or volunteering considerations. This may include information contained in public records which could include credit history, criminal files at the county, state and federal jurisdiction levels, motor vehicle records and investigations of employment history and performance and educational credentials. I hereby release all persons, companies or corporations furnishing such information from liability and responsibility. A photo static copy of this document can be substituted for the original. This document shall be valid for a period of 1 (one) year from the date of my signature.

Signature of Potential Employee _____ Date: ____/____/____ Printed Full
Name of Applicant _____

(MN/CA residents only): Do you wish to receive a copy of your consumer report? Yes__ No__