EMPLOYMENT / JOB APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

_____
City State Zip Code

E-MAIL: _____ **PHONE:** _____

SOCIAL SECURITY NUMBER (SSN): _____-____-_____

DATE AVAILABLE: _____ **DESIRED PAY:** $_____ ☐ HOUR ☐ SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: ☐ FULL-TIME ☐ PART-TIME ☐ SEASONAL

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? ☐ YES ☐ NO*

HAVE YOU EVER WORKED FOR THIS EMPLOYER? ☐ YES* ☐ NO

***IF YES, WRITE THE START AND END DATES:** _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES* ☐ NO

***IF YES, PLEASE EXPLAIN:** _____

EDUCATION

HIGH SCHOOL: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? ☐ YES ☐ NO DIPLOMA: _____

COLLEGE: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? ☐ YES ☐ NO DEGREE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____
City State Zip Code

STARTING PAY: $_____ ☐ HOUR ☐ SALARY ENDING PAY: $_____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____
City State Zip Code

STARTING PAY: $_____ ☐ HOUR ☐ SALARY ENDING PAY: $_____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____
City State Zip Code

STARTING PAY: $_____ ☐ HOUR ☐ SALARY ENDING PAY: $_____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

REFERENCES
(PROFESSIONAL ONLY)

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

MILITARY SERVICE

ARE YOU A VETERAN? ☐ YES ☐ NO

BRANCH: _____ RANK AT DISCHARGE: _____

FROM: _____ TO: _____

TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? ☐ YES ☐ NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ DATE _____

PRINT NAME _____

BACKGROUND CHECK AUTHORIZATION AND DISCLOSURE FORM

Section 1: Personal Information

Legal Name: First _____ Middle _____ Last _____

Other Names: (aliases, *maiden name*) First _____ Middle _____ Last _____

Date of Birth: ____ / ____ / _____ **Social Security Number:** _____

Driver's License/State ID Number: _____ **Issuing State:** _____

Current Phone Number: (____) _____ **Current Email Address:** _____

☐ By checking this box, I consent to receive sensitive information via email.

Have you resided in any states other than your current state in the past seven years? ☐ Yes ☐ No

List all addresses for the last seven years:

1. Street _____ City _____
   State _____ Zip Code _____ Dates of Residence _____
2. Street _____ City _____
   State _____ Zip Code _____ Dates of Residence _____
3. Street _____ City _____
   State _____ Zip Code _____ Dates of Residence _____

Section 2: Disclosure of Criminal History

Have you ever been convicted of a crime, including misdemeanors and felonies? ☐ Yes ☐ No

If yes, provide details for each conviction:

Crime: _____ Date: _____ Location: _____

Sentence/Outcome: _____

Are there any charges pending against you at this time? ☐ Yes ☐ No

If yes, provide details for each pending charge:

Charge: _____ Date Filed: _____ Jurisdiction: _____

Nature of Charge: _____

Section 3: Authorization

I hereby authorize 3 Rusty Nails, Inc. and its designated agents and representatives to conduct a Comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the background check may include, but is not limited to, the following areas: verification of social security number, credit reports, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions, driving records, birth records, and any other public records.

Signature: _____ Date: _____

For applicants under 18 years of age, parent or guardian must sign below:

Parent/Guardian Signature: _____ Date: _____

Section 4: Employer Use

_____ _____

Position Applied For Department

_____ _____

Authorized Signature Date

Instructions for Completion:

1. Fill in your legal name, any other names you have used, date of birth, current phone number, and email address. Consent to email communication is required for the transmission of sensitive information.
2. Provide your social security number and driver's license or state ID number, including the state of issuance.
3. List all the places where you have lived over the past seven years, including street addresses, cities, states, ZIP codes, and the dates of residence for each.
4. If you have been convicted of a crime, provide details of each incident including the crime, date, location, and sentence/outcome. Do the same for any pending charges.
5. Read the authorization statement carefully. By signing, you allow the company and its agents to conduct a background check for employment purposes.
6. After completing the form, sign and date it in the designated area. If you are under 18, a parent or guardian must also sign and date.

Please write clearly and provide accurate information. Inaccurate or incomplete information may delay the background check process.

Definitions:

- **Conviction:** A ruling by a court that someone is guilty of a criminal offense.
- **Misdemeanor**: A criminal offense that is less serious than a felony and generally punishable by fines, penalties, or a brief imprisonment.
- **Felony**: A serious crime, typically one involving violence, and usually punishable by imprisonment for more than one year or by death.
- **Pending Charge:** A formal accusation of a crime that is currently awaiting trial or legal resolution.

Your Rights Under the FCRA:

- **Right to Obtain a Copy of the Background Check**: You have the right to request and obtain a copy of the background check report from the company conducting the background check.
- **Right to Dispute Inaccurate Information**: If you find information in your background check report that you believe is inaccurate or incomplete, you have the right to dispute the information, and the reporting agency must investigate the disputed information.
- **Right to Additional Disclosures**: You have the right to receive additional disclosures of your file from the reporting agency upon request.
- **Right to Know if Information is Used Against You**: If information in your report is used to make an adverse employment decision, you must be notified and given the name, address, and phone number of the agency that provided the information.

Please note that the FCRA provides other rights not listed here. For more information about your rights under the FCRA, visit the Consumer Financial Protection Bureau's website or contact them directly.

Additional Legal Notices:

- **Equal Employment Opportunity**: Employment decisions based on the background check will be made in a non-discriminatory manner consistent with state and federal equal employment opportunity laws and regulations.

Pre-Employment Drug Testing Consent and Release Form

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Rise Again Repair (company name) in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that:

Tri-County Drug Screening (name of physician or clinic) may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I further agree to and hereby authorize the release of the results of said tests to the company.

I understand that it is the current illegal use of drugs and/or abuse of alcohol that prohibits me from being employed at this Company.

I further agree to hold harmless the Company and its agents (including the above named 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 employment application.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant Printed Name: _____

SS#: _____

Applicant Signature: _____

Date: _____