

Employment Application

Applicant Information					
Full Name:	Last	First	t	Date:	
Address:					
, , , , , , , , , , , , , , , , , , , ,	Street Address			Apartment/Unit #	
	City			State ZIP Code	
Phone:				Email <u>:</u>	
Date Available:				Desired Pay: \$	
Position App	lied for:	VEO	NO		
Are you authorized to work in the U.S.?		YES	NO		
Are you at least 18 years or older (if no, work authorization may be required)?		YES	NO	Are you able to perform essential functions of the YES NO job, with or without reasonable accommodation?	
Have you ever worked for this company?		YES	NO	If yes, when?	
How did you	hear about us?				
Are you able to work overtime or additional hours as required by business needs?		YES	NO		
Have you ever been convicted of or pled guilty to a misdemeanor or felony crime?		YES	NO	Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.	
If yes, explai	n:				



Education						
High School:	Addr	ess:				
	To:	Did you graduate?	YES NO Diploma::			
	To:Did you graduate′	YES NO	Ð:			
Previous Employment						
Address:			Phone:Supervisor:			
		arting Pay: <u>\$</u>	Ending Pay: <u>\$</u>			
Responsibilities:						
From:	To:	Reason for Leaving:				
May we contact your previous supervisor for a reference?						
A 1.1			Phone:			
Job Title:	Sta	arting Pay: \$	Ending Pay:\$			
			<u> </u>			
From:	To:					
May we contact your previous supervisor for a reference?						
Company:			Phone:Supervisor:			
Job Title:	Sta	arting Pay: \$	Ending Salary:			
Responsibilities:						
		2				



From:	To:	Reason for Leaving:				
May we contact your previou	s supervisor for a reference?	YES NO				
	Military S	Service				
Branch:		From:	To:			
Rank at Discharge:		Type of Discharge:				
If other than honorable, expla	ain:					
	Additional In	formation				
Please list any special skills,	Please list any special skills, including PC skills, experience or training that would enhance your ability to perform this job.					
	Refere	nces				
Please list (a minimum of) the may be attached if needed:	ree professional references whom you	u have known for at least ti	hree (3) years, an additional sheet			
Name	Direct Office Phone & Email	Company	Relationship			



Disclaimer and Signature

Express Capital Services is an equal opportunity employers. Express Capital Services does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service. I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Express Capital Services to hire me. If I am hired, I understand that either Express Capital Services, or I, can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Express Capital Services has the authority to make any assurance to the contrary. I attest with my signature below that I have given to Express Capital Services true and complete information on this application. No requested information has been concealed. I authorize Express Capital Services to conduct a background check and contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal. I hereby release Express Capital Services from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on the information provided, a background check, and any other employment/reference check conducted.

This application is valid for sixty (60) days from the date signed.

Signature:	Date:

NOTICE AND ACKNOWLEDGMENT

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

NOTICE REGARDING BACKGROUND INVESTIGATION

Employer ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Global HR Research, 9530 Marketplace Road, Suite 301, Fort Myers, FL 33912, Office: (239) 274-0048, Toll Free: 1-800-790-1205, website: www.globalhrresearch.com or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Global HR Research, another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

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California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

DATE	PRINT NAME (First, Middle, Last)		
	, , , , ,		
	SIGNATURE OF EMPLOYEE OR PROS	PECTIVE	
	EMPLOYEE		
	SOCIAL SECURITY NUMBER		EMAIL ADDRESS
	OCCUPIE GEOGRAFI MOMBER		EWINE ABBITEOU
	DATE OF BIRTH (For Background Purpo	_ 	PHONE NUMBER
	DATE OF BIRTH (FOI Background Purpo	ise Only	PHONE NUMBER
	DDIV/ED LIGHTING AND DED		
	DRIVER LICENSE NUMBER	STATE	
	CURRENT ADDRES:		
PREVIOUS ADD	RESSES (Last 7 Years):		
	• • •		
OTHER MAMES HOE	D //		
OTHER NAMES USE	D (Including Maiden Name)		