

Employment Application

Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.	Date of Interview (Month/Day/Year): / /
Applicant Data	Position Applied for:
How were you referred to us:	

Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Mobile/Pager/Other: _____ E-mail: _____

Date Available to Start: _____ Social Security Number: - - Salary Requirements: _____

If you are under 18 years of age, can you provide a work permit? Yes No If no, please explain: _____

Have you ever worked for this company? Yes No If yes, when? _____

Are you legally allowed to work in the United States? Yes No

Type of employment desired: Full-Time Part-Time Temporary Seasonal

Have you ever pleaded guilty, no contest or been convicted of a crime? Yes No If yes, give dates and details: _____

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Driver's license number (if applicable to position): _____ State: _____

Summarize Your Special Skills or Qualifications

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Previous Employment (begin with most recent position)

Company Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Supervisor: _____ Title: _____
Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____
Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____
Company Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Supervisor: _____ Title: _____
Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____
Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____
Company Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Supervisor: _____ Title: _____
Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____
Reason for Leaving: _____

May we contact this employer for a reference? Yes No

May we contact this employer for a reference? Yes No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____

CARPENTERS

PLEASE RATE YOURSELF ON THE FOLLOWING CATEGORIES. EXPLAIN FURTHER IN THE SPACE PROVIDED IF NECESSARY.

1 – NO EXPERIENCE

TO

5-HIGHLY EXPERIENCED

DRYWALL (HANG) –
DRYWALL (FINISH) –
ROUGH FRAMING –
FINISH TRIM (BASE, CASING) –
INSTALL DOORS & WINDOWS –
ELECTRICAL –
PLUMBING (SET COMMODOES, SINKS, ETC.) –
SIDING (ALUMINUM/VINYL) –
BRAKEWORK (WRAP WINDOWS, ETC.) –
SHINGLES –
CERAMIC TILE –
RUBBER ROOFING –
PLASTER –
PANELING –
DROP/STAPLE UP CEILING –
HARDWOOD FLOORING –
KITCHEN CABINETS (INSTALLATION) –
CARPET/VINYL –
FORMICA (BUILD COUNTERTOPS) –
MASONARY –
LAMINATE FLOORING –
POWER TOOLS (PLEASE LIST ALL TOOLS) –

COMMENTS/REMARKS:

Authorization for Release of Personal Records & Information

Print Name: First, Middle, Last	Social Security Number	Date of Birth	Driver's License Number	State
Print ALL other names used including maiden, married, nickname, legal name changes, etc:				
	From:		To:	
	From:		To:	
	From:		To:	
Print current & former home addresses; (start with current and include all addresses and dates for the past 7 years):				
	From:		To:	
	From:		To:	
	From:		To:	
	From:		To:	
Print present and last five employers (start with current and include, address, city, state & phone number)				
	From:		To:	
	From:		To:	
	From:		To:	
	From:		To:	
	From:		To:	

DISCLOSURE, CONSENT AND RELEASE:
 My Signature below does authorize the company to now, and at any time during my employment, request any present or former employer, school, police department (Criminal History or Criminal Background Check), financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about me to furnish bearer with any and all information in their possession regarding me. I further authorize the company to use any and all information included in my application for position and/or resume, and all information presented by me, or subsequently developed by the company in order that my employment qualifications may be evaluated. According to the Fair Credit Reporting Act, if any adverse decision is made with regards to application for employment based entirely or in part on the information contained in a consumer report or investigative consumer report prepared by a consumer reporting agency, I am entitled to receive a copy of that report upon written request, and a disclosure of the nature and scope of the investigative report, including the name, address and telephone number of the consumer reporting agency.

I certify that all the information provided by me is true and complete to the best of my knowledge. If I am employed, any false statement given is grounds for immediate dismissal. I hereby fully release and hold any and all parties and/or departments and/or organizations blameless and release them from any and all liability for statements or opinions made regarding my character, experience or qualifications. I sign this release with prior knowledge that individuals, departments, agencies and companies are fallible, and from time to time may make mistakes, and that this release allows the company to investigate and obtain information stated above. This information will be utilized for employment purposes only, and shall not be disclosed to any other party unless such disclosure is employment related.

I have read this statement and understand it. This release is given freely without pressure or duress. A copy or facsimile of this authorization is to be accepted with the same authority as the original.

Signature _____

Date _____

Phone _____



STATE OF DELAWARE
 Division of Motor Vehicles
 PERSONAL INFORMATION
 RELEASE FORM

Date: _____

DMV Account Number: _____

Company Name: ACCORD Restoration Address: 7 F Gwynns Mill Court

Address continued: Owings Mill City MD State 21117 Zip _____

Name of Requester and (representative - if requester is not present)

(Print)

Requester's Home Address: _____

(Print)

Requester's Driver License Number: _____ DL State: _____

IT IS UNLAWFUL FOR ANY PERSON TO KNOWINGLY OBTAIN OR DISCLOSE PERSONAL INFORMATION FROM DMV RECORDS EXCEPT AS AUTHORIZED BY STATUTE (PAGE 2). VIOLATORS WILL BE SUBJECT TO A MINIMUM PENALTY OF \$2,500.00. PERSONAL INFORMATION INCLUDES AN INDIVIDUAL'S DRIVER IDENTIFICATION NUMBER, NAME, AND ADDRESS.

I, THE UNDERSIGNED, DO HEREBY AFFIRM THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT AND AGREE TO ABIDE BY ALL LAWS, TERMS AND STIPULATIONS CONCERNING THE DISCLOSURE OF PERSONAL INFORMATION CONTAINED IN DMV RECORDS.

**SIGNATURE MUST BE NOTARIZED
 IF NOT APPEARING IN PERSON**

 (Signature of Requester)

Notary Public: _____
 (Signature of Notary) (Notary Seal/Stamp)

INQUIRY ON:

Name: _____
 Last First Middle

Date of Birth: _____

Delaware License Number: _____ OR Plate/VIN Number: _____
 (if requesting driving record) (if requesting vehicle record)

YOU MUST HAVE THE CONSENT OF THE INDIVIDUAL WHO IS THE SUBJECT OF YOUR INQUIRY – OR – YOU MUST CHECK THE APPLICABLE BOX AND PROVIDE ADDITIONAL INFORMATION AS REQUIRED FOR INFORMATION TO BE RELEASED BY STATUTE. FAILURE TO PROVIDE EITHER WILL RESULT IN THE DENIAL OF YOUR REQUEST.

RELEASE BY CONSENT OF INDIVIDUAL:

I, _____, authorize _____
 (Print "Inquiry On" name) (Print Name of requester)

to have access to personal information in my DMV records. _____
 (Signature of "Inquiry On" person)

Notary Public: _____
 (Signature of Notary) (Notary Seal/Stamp)

DO NOT WRITE IN THIS BLOCK	DMV USE ONLY	DO NOT WRITE IN THIS BLOCK
Information Provided <input type="checkbox"/> Driving Record	<input type="checkbox"/> Vehicle Record	<input type="checkbox"/> Other
DMV Representative: _____		

YOU MUST HAVE THE CONSENT OF THE INDIVIDUAL WHO IS THE SUBJECT OF YOUR INQUIRY – OR – YOU MUST CHECK THE APPLICABLE BOX AND PROVIDE ADDITIONAL INFORMATION AS REQUIRED FOR INFORMATION TO BE RELEASED BY STATUTE. FAILURE TO PROVIDE EITHER WILL RESULT IN THE DENIAL OF YOUR REQUEST.

Release Authorized by Statute – Check Block(s) Which Apply

- For use by a government agency, including any court of law, enforcement agency, or any private person or entity acting on behalf of a government, in carrying out its functions (Section 305(b)(1)).

Name of Business: _____
Address: _____
Telephone Number: (_____) _____

- For use in the normal course of business by a legitimate business or its agents, employees or contractors, but only
- a. To verify the accuracy of personal information submitted by the individual to the business or its agents, employees or contractors; and
 - b. If such information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by pursuing legal remedies against or recovering on a debt or security interest against the individual.

Name of Business: _____
Address: _____
Telephone Number: (_____) _____

- For use in connection with any civil, criminal, administrative or arbitration proceeding or pursuant to any court order.

Case Caption: _____ vs. _____
Civil/Criminal Docket Number: _____
Purpose: _____

- For use by any insurer or insurance support organization, or its agents, employees or contractors in connection with claims investigation activities, anti-fraud activities, rating or underwriting.

Name of Organization: _____
Address: _____
Telephone Number: (_____) _____

- For use in providing notice to the owners or lien holders of towed or impounded vehicles.

Name of Organization: _____
Address: _____
Telephone Number: (_____) _____

- For use by a licensed private investigative agency or licensed security service.

Name of Organization: _____
Address: _____
Telephone Number: (_____) _____
PI License Number: _____ State: _____

- For use by an employer or insurer to obtain information relating to a holder of a Commercial Driver's License.

Name of Organization: _____
Address: _____
Telephone Number: (_____) _____

Driving Record Information ONLY:

The personal information contained in motor vehicle records is highly sensitive and protected by federal and state statute. Large fines may be assessed against any person who improperly releases personal information. Personal information is defined as any information that identifies an individual, including an individual's photograph, social security number, driver license number, name, address, telephone number and medical or disability information. The information pertaining to your driving history, such as convictions and license status, is public information. The statute allows the release of personal information when approved by the individual to whom the record pertains or by exception under specific circumstances. These exceptions are listed on the back of the [Personal Information Release Form](#). **The Division does not release your personal information for marketing purposes.**

INSTRUCTIONS:

If you are a company/business and have a valid reason under the statute to receive another's information, please fill out the entire form and have it notarized. Failure to do so will result in the denial and return of your request.

1. Date
2. Name and address of company
3. Name of **requestor** – individual at the business requesting the information and the name of the representative picking up information.
4. **Requester's** home address
5. **Requester's** driver license number and state of issuance
6. Read statement in bold print, then sign on requester's signature line
7. Have notary witness the signature and sign and affix notary's seal/stamp
8. Complete "InquiryOn" section
9. Either obtain individual's consent OR check appropriate statute box on page 2 and complete.
10. Attach a letter drafted on business letterhead containing the:
 - a. Date
 - b. Name and address of the business
 - c. Individual's name and license number of whom the request is for
 - d. Must be printed on business letterhead and contain a live signature
11. Mail completed request form, business letter, and check or money order made payable to **DMV** for \$25.00 per inquiry to one of the addresses below.

If you are an individual requesting your **own** driving record or vehicle record, complete the following lines.

1. Date
2. Name of requestor
3. Requester's home address – your current mailing address
4. Requester's driver license number and state of issuance
5. Read statement in bold print, then sign on requester's signature line
6. Have notary witness the signature and sign and affix notary's seal/stamp
7. Complete "InquiryOn" section
8. As an individual requesting your own record, you may obtain a 3 year, 5 year, or complete driving record. Please specify which you require and write across the top of page one of the Personal Information Release Form.
9. Mail completed form and check or money order made payable to **DMV** for \$25.00 per inquiry to one of the addresses below.

For Driving Records

Division of Motor Vehicles
ATTN: Driver License Admin
P.O. Box 698
Dover, DE 19903

For Vehicle Records

Division of Motor Vehicles
ATTN: Correspondence
P.O. Box 698
Dover, DE 19903

For Overnight Delivery

(Use FedEx or UPS (not USPS))

Division of Motor Vehicles
303 Transportation Circle
Dover, DE 19901

Call 302-744-2506 for questions about driving records or 302-744-2538 for questions about vehicle records.