

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

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 COMMODES, 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 (Credit Reports), 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**

Account Number: _____ #3 _____

IS THIS AN UPDATE TO THE EXISTING SUBACCOUNT? YES NO
IF YES, THE CURRENT SUBACCOUNT NUMBER MUST BE LISTED.
SUBACCOUNT NUMBER _____



EMPLOYMENT AFFIDAVIT OF INTENDED USE INFORMATION SALES UNIT

(See Reverse Side for Instructions)

Business Type (check one): Individual Partnership Corporation Non-Profit

Legal Business Name: _____

D/B/A Name (if applicable): _____

Person Responsible: Name: _____ Title: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Business Telephone: _____ Fax No.: _____

E-mail: _____ Website Address: _____

Federal Employer ID No.: _____ If Corporation, Date & State of Incorporation: _____

Year Business Established: _____ Dun & Bradstreet #: _____ U.S. DOT #: _____ (if applicable)

Location of Records: For departmental on-site inspection, audit and review purposes. Check here, If address is same as above.

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

Type of Business: _____

Ownership: List below individual, each partner, or each corporate officer participating in the direction, control or management of the business. Attach list if needed.

Name (Last, First, MI)	Title	Phone Number	Email Address
1.			
2.			
3.			

Please initial each statement below and sign at the bottom of the form.

- _____ 1. I swear or affirm that any requested information will be used for **employment** purposes only.
- _____ 2. I swear or affirm that I have on file a signed release for the subject of each driver record requested.
- _____ 3. I swear or affirm that I understand the driver record is confidential and restricted information and I will establish procedures to protect the confidentiality of these records.
- _____ 4. I swear or affirm that I will not request driver information from the Department for personal reasons. (Examples of inappropriate access or misuse of Department information include, but are not limited to: making personal inquiries on my own record or those of my relatives; accessing information about another person, including locating their residence address, for any reason that is not related to my job responsibilities.)
- _____ 5. I swear or affirm that the information obtained from the Department shall not be sold, assigned or otherwise transferred to any other party.
- _____ 6. I swear or affirm that I understand that the Department retains exclusive ownership of all driver record information provided and no record shall be combined and/or linked in with any other data on any database for any reason.
- _____ 7. I swear or affirm that the information obtained from the Department will not be used for direct mail advertising or any other type or types of mail or mailings.
- _____ 8. I swear or affirm that I will not disseminate or publish on the Internet the personal information obtained from the Department or allow any other person to disseminate or publish the personal information on the Internet without the express written permission of the Department.
- _____ 9. I swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 PA C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or a term of imprisonment of not more than two years, or both.

Subscribed and Sworn to Before Me:			
	Mo.	Day	Year
S E A L	Signature of Person Administering Oath		
	Sign in Presence of Notary		

Signature Date

Title

INSTRUCTIONS FOR COMPLETING THE AFFIDAVIT OF INTENDED USE

1. The affidavit must be completed and signed by a member of your agency or firm who has the authority to certify the agency or firm's compliance.
2. Please complete each line on the form in its entirety to avoid delays in processing your affidavit. If requested information does not apply to your business insert **n/a** (not-applicable) on that line.
3. The person responsible for completing the affidavit **must initial each of the nine (9) declaration statements, then sign and date the form in the presence of a Notary.**
4. This affidavit must be returned to your information provider.
5. You are required to complete, notarize and file a new Affidavit of Intended Use whenever information about your company changes. (name, address, ownership, telephone, website, etc.)
6. If you need assistance in completing this affidavit, please contact your information provider.

PENNSYLVANIA COMPLIANCE TERMS

Required for access to PA records through the SambaSafety System

1. Confidentiality of Personal Information. Customer acknowledges that in connection with the receipt of Motor Vehicle Records ("MVR") data, it may receive "Personal Information" (including without limitation: name, address, driver's license number, date of birth) from the State of Pennsylvania. Customer agrees to treat as confidential all Personal Information received from the State of Pennsylvania through any source and to use such information only as permitted under applicable laws, and to disclose personal information only to those authorized and who have a need to know such information to accomplish their duties in accordance with applicable laws. Customer will not disclose Personal Information, except to Customer's affiliates, employees, agents or professional advisors who need to know it and who have agreed in writing (or in the case of professional advisors are otherwise bound) to keep it confidential and to use it only in accordance with applicable laws.

2. Use and Ownership of MVR Data. Customer agrees to only use the MVR data obtained as set forth in any applicable state-mandated forms, or that they will obtain approval from applicable state agencies prior to the release of any individual's name and address. Exclusive proprietary ownership of MVRs remains with the State of Pennsylvania and Customer agrees that use of MVR data is restricted to use, one time, for the permissible purpose declared by Customer.

3. Account Information. In order to receive MVR data from the State of Pennsylvania through SambaSafety, Customer: (a) shall not provide any such information to any third party; (b) agrees to limit access to Information Services only to its current employees whose responsibilities require such access and only to the extent necessary for its proper use in accordance with Applicable Law and as authorized by the Agreement; (c) agrees to immediately terminate the User ID and password granted in connection with the Agreement for any employee that leaves Customer's organization or violates any terms or conditions of the Agreement or in the event there is reason to believe such User ID or password might be compromised; (d) shall remain fully responsible and liable for any unauthorized use of its account number, User IDs or passwords granted in connection with receipt of Pennsylvania MVR data; and (e) agrees that Customer's employees shall be forbidden to attempt to obtain MVR data on themselves, associates, or any other persons, except in the exercise of their official duties for Customer.

4. Other Conditions

a) Retention. Customer shall make commercially reasonable efforts to promptly and adequately destroy any MVR data in its possession when the MVR data is no longer required for its authorized permissible purpose.

b) Use of Information Services. Customer will not disclose, distribute, resell and/or transfer any MVR data to any third party, nor provide any MVR data to individuals who are the subjects of MVR data, or to the general public except as required by the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq., nor permit any third party direct access to the MVR data except as expressly permitted herein. Customer shall not, and shall not permit others to, use any MVR data for any solicitations, direct mail advertising, or any other mailings or communications.

Acknowledged and Agreed:

Signature: _____

Printed Name: _____

Title: _____

Date Signed: _____

Company Name ("Customer") _____