

**DRUG TESTING POLICY**

ALL EMPLOYEES, AS A PRE-CONDITION OF EMPLOYMENT, MUST PASS A DRUG TEST.

IN THE EVENT A JOB OFFER IS MADE TO ME, I AGREE TO SUBMIT TO A DRUG TEST. A POSITIVE TEST REPORTING DRUGS IN MY SYSTEM WILL AUTOMATICALLY DISQUALIFY ME FOR EMPLOYMENT AT CITY GLASS COMPANY.

SIGNATURE \_\_\_\_\_



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

### EMPLOYMENT HISTORY

#### PRESENT OR MOST RECENT EMPLOYER

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Your Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title \_\_\_\_\_

May we contact?  
 Yes  No

Reasons for Leaving: \_\_\_\_\_

#### PRIOR EMPLOYER

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Your Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title \_\_\_\_\_

May we contact?  
 Yes  No

Reasons for Leaving: \_\_\_\_\_

#### PRIOR EMPLOYER

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Your Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title \_\_\_\_\_

May we contact?  
 Yes  No

Reasons for Leaving: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

**EDUCATION**

**HIGH SCHOOL**

Name and Address \_\_\_\_\_

Did you graduate?  Yes  No Attended From \_\_\_\_\_ to \_\_\_\_\_

If you did not graduate, did you receive your GED? Yes No

Special honors or awards: \_\_\_\_\_

**TECHNICAL OR VOCATIONAL SCHOOL**

Name and Address \_\_\_\_\_

Did you graduate?  Yes  No Attended From \_\_\_\_\_ to \_\_\_\_\_

Degree or Certification: \_\_\_\_\_ Specialty: \_\_\_\_\_

Special honors or awards: \_\_\_\_\_

**COLLEGE OR UNIVERSITY**

Name and Address \_\_\_\_\_

Did you graduate?  Yes  No Attended From \_\_\_\_\_ to \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Special honors or awards: \_\_\_\_\_

**COLLEGE OR UNIVERSITY**

Name and Address \_\_\_\_\_

Did you graduate?  Yes  No Attended From \_\_\_\_\_ to \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Special honors or awards: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

**POSITION INFORMATION**

**Position Specifications**

Position Applying For: \_\_\_\_\_

How did you hear about this job? \_\_\_\_\_

What hours are you willing to work? \_\_\_\_\_

Would you be able to work weekends?  Yes  No

Are you willing to travel for the job?  Yes  No

When would you be able to start? \_\_\_\_\_

Desired salary: \_\_\_\_\_ per \_\_\_\_\_

**Skills**

Please describe any skills you have in the following areas:

Computer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Languages Spoken (other than English): \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspect of my prior educational and employment history, **INCLUDING PERFORMING BACKGROUND AND CREDIT CHECK FOR EMPLOYMENT PURPOSES.**

Furthermore I understand that if I am hired, employment with this company is "at will," which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Background Authorization Form  
Personal Information

Name: \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*\*Previous Names Used: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

Street Address (No P.O. Boxes) City State Zip Code County

How long have you lived at current address? \_\_\_\_\_

Previous Address: \_\_\_\_\_

Street Address (No P.O. Boxes) City State Zip Code County

How Long? \_\_\_\_\_

\*\*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been convicted of a crime other than minor traffic offenses? Y \_\_\_\_\_ N \_\_\_\_\_

If yes, provide explanation:

Year of Offense: \_\_\_\_\_ County & State of Offense: \_\_\_\_\_

Offense Description: \_\_\_\_\_

\*\* THIS INFORMATION IS REQUIRED IN ORDER TO CONDUCT ACCURATE CRIMINAL BACKGROUND SEARCH AND WILL NOT BE USED AS CRITERIA IN THE HIRING PROCESS, AS DESCRIBED BY THE AGE DISCRIMINATION ACT OF 1967.

In connection with my application and/or continued employment, (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer investigative criminal convictions. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to any criminal experiences.

I acknowledge that I have been counseled that a person or entity may not procure or cause to be prepared an investigative criminal consumer report on any consumer unless it is clearly and accurately disclosed to the consumer, that an investigative consumer report – including all applicable information as to his or her character, general reputation, personal characteristics, mode of living, education history, driving history (including but not limited to accident history, alcohol/drug and any other DOT requirements as permitted by the ADA) employment history, workers compensation records and credit history – may be made. If you are denied employment because of the consumer investigation, it is your right under the Fair Credit Reporting Act (Law 91-508) SS 606 to have the name of the agency or agencies from whom the information concerning you was obtained. You are also entitled to receive free copies of the information supplied by those agencies within sixty days upon written request. You have the right to directly dispute with the consumer reporting agency the accuracy and completeness of any information furnished by that agency.

I authorize without reservation, any party or agency contacted by this employer to furnish the above information.

I release BACKGROUND NETWORK, INC and any other person and/or agencies from any suits, liens, judgments, damage and/or liability resulting from this process.

The above information is used solely for inquiries and criminal history checks.

Falsifying any information on this release will constitute grounds for immediate dismissal or declining any pending job offers.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

For residents of CA, MN and OK:

You will be provided with a free copy of any consumer reports or investigative consumer reports if you check the box below.

By checking this box, I request a free copy of the report.

Fair Credit Reporting Act Notification:

You have the right to receive a copy of your consumer credit report should one be requested for employment reasons.

By checking this box, I request a free copy of the report.