

PUTNAM COUNTY

APPLICANT NOTIFICATION

In conjunction with your application for employment with us, we utilize the services of EMPLOYEE RELATIONS, INC. to conduct a background investigation regarding your character, general reputation, personal characteristics, and mode of living. The investigative report may be comprehensive and include inquiry into past employment, education, and activities, including, but not limited to public records, credit history, criminal background information and driving record.

EMPLOYEE RELATIONS, INC. will, to the extent permitted by law, upon request, reasonable notice, and proper identification, provide you with information that was used in generating the report.

EMPLOYEE RELATIONS, INC. can be contacted at:

**EMPLOYEE RELATIONS, INC.
20720 VENTURA BOULEVARD, SUITE 200
WOODLAND HILLS, CA 91364
(818) 887-9129
OR BY EMAIL TO: complianceofficer@erelations.com**

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

	Date	Social Security Number	
Name	Last	First	Middle
Present Address	Street	City	State Zip
Permanent Address	Street	City	State Zip
Phone No.			
Referred By	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Last

First

Middle

EMPLOYMENT DESIRED

Position	Date You Can Start	Salary Desired
Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If So May We Inquire of Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever Applied to this Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?

EDUCATION

Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Grammar School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL

Subjects of Special Study or Research Work

Job Related Skills (typing, driver's license, etc.)

FORMER EMPLOYERS List below your last four employers, starting with the last one first.

Date Month and Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From To				
From To				
From To				
From To				

REFERENCES List below three persons not related to you, whom you have known at least one year.

Name	Address	Relationship	Years Acquainted

QUESTIONS Please check the appropriate box.

1. Are you legally authorized to work in the United States? Yes [] No []
2. Do you have a valid driver's license? Yes [] No []
3. Have you ever been convicted of a traffic violation? Yes [] No []
4. Have you ever been convicted of a misdemeanor crime? Yes [] No []
5. Have you ever been convicted of a felony crime? Yes [] No []
6. Are you currently under any pending criminal charges? Yes [] No []

If you checked "yes" to any question numbered 3 through 6, please explain: _____

CERTIFICATION AND AUTHORIZATION Please read carefully; initial and sign if in agreement therewith.

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application may cause me to not be hired or, if hired, may cause my dismissal regardless of when discovered by the employer. INITIAL []

I authorize the employer to conduct a thorough background check including, but not limited to, my criminal and driving history, and I authorize my references and former employers to disclose any information regarding my employment history, character and general reputation, without giving me prior notice of the disclosure. I release the employer, any former employers, all references listed above and any law enforcement or governmental agency that assists in conducting my background check from any and all claims, demands or liabilities arising out of or related to the investigation or disclosure. INITIAL []

If I am offered employment, I agree to submit to a drug/alcohol test, and a medical examination if applicable, before starting work. If employed, I also agree to submit to medical examinations and drug/alcohol testing at any time deemed appropriate by the employer as permitted by law. I authorize and consent to the release of the test results of the examinations to the employer. I understand that my employment or continued employment is contingent upon satisfactory medical examinations and drug tests, to the extent permitted by law. INITIAL []

I understand that completing this form does not create an employment contract and does not indicate that there is a position open. Further, I understand that if hired, I will be an at-will employee whose term of employment is not fixed and may be terminated at anytime, with or without cause, at the option of myself or the employer. INITIAL []

Date _____ Signature _____

PUTNAM COUNTY

"EMPLOYEE RELATIONS NETWORK MEMBER"

APPLICANT CERTIFICATION AND AUTHORIZATION

I hereby give **EMPLOYEE RELATIONS NETWORK MEMBER** and **EMPLOYEE RELATIONS, INC.** (hereinafter collectively referred to as "you") the right to conduct an investigation of my background. I understand that the investigation may include inquiry into my past employment, education, and activities, including, but not limited to, credit, criminal background information and driving record, and I release from all liability all persons, companies, schools, and corporations supplying such information. I indemnify you against any liability which might result from making such investigation. Additionally, I agree that you may obtain an investigative consumer report or other information regarding me and may consult certain files which are available. I understand that, to the extent required by law, **EMPLOYEE RELATIONS, INC.** will retain the results of this investigation and a copy of my application for employment. I understand that any false answers, statements, implications, or derogatory information made by me or which is revealed as a result of this background investigation based on information supplied in any application for employment, or other required documents, may be considered sufficient cause for denial of employment or discharge.

I understand that you may contact my previous employers and I authorize those employers to disclose to you all records pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to you, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me.

I have read and understand the Summary of Your Rights Under the Fair Credit Reporting Act and the Applicant Notification, a copy of which I acknowledge receiving, advising me that a comprehensive background investigation may be conducted, which may include inquiry into past employment, education, and activities, including but not limited to, credit, criminal background information and my driving record.

APPLICANT NAME (PRINT): _____

PHONE: _____

Date of Birth: _____

DATE OF BIRTH INFORMATION IS COLLECTED FOR THE SOLE PURPOSE OF EXPEDITING YOUR BACKGROUND INVESTIGATION; IT IS NOT A FACTOR CONSIDERED IN THE EVALUATION OF YOUR APPLICATION FOR EMPLOYMENT.

EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____ EXPIRATION: ____/____/____

SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE

