

This Company Is An Equal Opportunity Employer  
This company is subject to E-Verify requirements

Employment Desired:		
Position Desired:	Hourly Rate Desired:	
Are you seeking: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Date You Can Start:	
Personal Information: (Incomplete information could disqualify you from further consideration.)		
Name: (First, Middle, Last)	Today's Date:	
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
E-mail Address:		
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you at least 18 years of age or older? (If no, you may be required to provide authorization to work.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you work any shift?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you work overtime, including weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? (If you are unsure of the essential functions, please ask to review a job description.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Referral Source:		
How did you hear about us? <input type="checkbox"/> Walk-In <input type="checkbox"/> Advertisement <input type="checkbox"/> Referral <input type="checkbox"/> Other   Source:		
Have you ever worked for this company? If yes, please provide dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you know anyone who works for this company? If yes, please provide name(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any relatives currently working for this company? If yes, please provide name(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Background:		
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, may we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been terminated from employment or asked to resign by an employer? If yes, please provide company names and contacts:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony offense? (A conviction will not necessarily disqualify you for employment. Rather, such factors as age, date of conviction, seriousness, and nature of the crime will be considered.) If yes, please provide dates and location for all convictions:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

This sample form is provided as a courtesy to paid subscribers of HRLaws.com. Subscribers are advised to consult with legal counsel prior use.

# EMPLOYMENT HISTORY

Include your last three positions (or your last ten (10) years of employment history), including periods of unemployment, starting with the most recent and working backwards in time. (Incomplete information could disqualify you from further consideration.)

Current or Most Recent Employer:				
Employed From:	Employed To:	Starting Salary:	Ending Salary:	
Company Name:			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:				
City:	State:	Zip:	Phone Number:	
Position Title:				
Supervisor:			Supervisor's Title:	
Nature of the Work Performed and Position Responsibilities:				
Reason for Leaving:				
Second Most Recent Employer:				
Employed From:	Employed To:	Starting Salary:	Ending Salary:	
Company Name:			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:				
City:	State:	Zip:	Phone Number:	
Position Title:				
Supervisor:			Supervisor's Title:	
Nature of the Work Performed and Position Responsibilities:				
Reason for Leaving:				
Third Most Recent Employer:				
Employed From:	Employed To:	Starting Salary:	Ending Salary:	
Company Name:			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:				
City:	State:	Zip:	Phone Number:	
Position Title:				
Supervisor:			Supervisor's Title:	
Nature of the Work Performed and Position Responsibilities:				
Reason for Leaving:				

# EDUCATION

	Name of School	City/State	No. Years Attended	Subjects/Major	Degree Y/N
High School					
College or University					
Graduate School					
Trade or Business School					

Licenses or Certifications:			
Name/Type:	Issued By:	Issue Date:	Expiration Date:
Name/Type:	Issued By:	Issue Date:	Expiration Date:
Name/Type:	Issued By:	Issue Date:	Expiration Date:

**Special skills, experience and/or training that would enhance your ability to perform the position applied for.**

**Equipment and/or Computer Skills:**

REFERENCES: (Provide names/addresses/phone numbers of three persons, not related to you, whom you have known at least three (3) years.)			
Name:	Address/Phone:	Occupation:	# Years Known:
Name:	Address/Phone:	Occupation:	# Years Known:
Name:	Address/Phone:	Occupation:	# Years Known:

# Acknowledgement

## **Equal Opportunity Employment & Applicant Consideration**

It is the policy of this company to provide equal employment opportunity to all qualified persons without regard to citizenship, race, color, creed, religion, gender, sexual orientation, age, national origin, marital status, disability, or veteran status. This application will be given every consideration, but its receipt does not imply that there are any open positions or that the applicant will be employed. Only applicants meeting the minimum requirements for a position as determined by the company will be considered for employment. Should more than one qualified person make application, the company reserves the right to select the applicant that, in its opinion, possesses the best qualifications.

## **Fitness for Duty**

It is the policy of the Company to consider only applicants who are *Fit For Duty* in accordance with the Company's Fitness For Duty (FFD) Policy. This Policy requires that applicants are of a state, whether physical, mental or emotional, which enables him/her to perform assigned tasks or job functions competently and safely. Applicant should disclose information, whether temporary or permanent, which may affect their FFD status, including, but not limited to, any state or condition, physical impairment, medical condition, emotional state, whether influenced by legal or illegal substance(s) or not, at time of application for employment.

## **Investigative Reporting**

In making this application for employment an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends, or other acquaintances. Such an inquiry would include information as to character, general reputation, personal characteristics, and mode of living of the applicant. An applicant has the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of such investigation(s).

# Authorization

Please Read Carefully Before Signing

I authorize investigation of all statements contained in this application (if I am considered for employment) and hereby authorize previous employers, personal references named, or any other person or persons to whom the company may refer, to give any and all information regarding my background if requested.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could, as determined by the company, reflect adversely on the company.

If employed, I agree to maintain confidentiality regarding any information concerning the company that may come to my knowledge. Further, I agree to comply with all of the policies and regulations of the company as set forth in the company's employee handbook or other communications distributed to all employees.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the company to hire me. I understand that if employment is offered to me, either verbally or in writing, such offer does not constitute a contract of employment. I understand that if I am employed by the company my employment will be for no definite period of time and that my employment can be terminated at any time and for any reason, with or without cause and without prior notice, at the option of either the company or myself. I also understand that this status can only be altered by a written contract of employment, specific to all material terms, that is signed by an authorized officer of the company.

I understand that I must be able to perform the essential functions for the job for which I am applying, with or without reasonable accommodation, and in accordance with the Company's Fitness For Duty (FFD) Policy. If I do not understand the essential functions for the job for which I am applying, I may ask for this information. I further understand that my failure to disclose information which may cause me not to be able to perform the essential functions of the job for which I am applying may be reason for my application not to be considered, or grounds for immediate dismissal.

I attest with my signature below that I have read all of the above statements and understand the same and that all statements made by me are true and accurate to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that any false statements or material omissions may be grounds for refusal to hire, or for immediate dismissal. I certify that I am at least 18 years of age and am legally authorized to work in the United States. Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between myself and the company for either employment or for the providing of any benefit.

I understand that as a condition of this application and any employment, I may be required to submit to testing for the presence of illegal drugs. I hereby consent to such testing. I further acknowledge that no promise or guarantee is binding upon the company unless made in a written contract of employment as described above.

**THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.**

**PREEMPLOYMENT DRUG SCREENING REQUIRED**

Applicant's Name: (Please Print)	
Applicant's Signature:	Date:



EDWARDS, Inc  
 EDWARDS/Greenville, Inc.  
 EDWARDS/Wilmington, Inc.

**DISCLOSURE OF INTENT TO OBTAIN  
 CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS**

For employment purposes, Edwards, Inc. may obtain consumer reports on you as an applicant or from time to time during employment. Some of these reports are requested and required by customers. These reports will be obtained from third party providers as deemed appropriate by the Company. "Consumer reports" are reports from consumer reporting agencies and may include driving records, criminal records, etc.

For some employment purposes, the Company may also obtain investigative consumer reports. An "investigative consumer report" is a consumer report in which information as to character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, associates, acquaintances, or others. You have a right to request disclosure of the nature and scope of an investigation and to request a written summary of consumer rights.

**AUTHORIZATION**

**I authorize the Company to obtain consumer reports and/or investigative consumer reports regarding me from time to time for employment purposes.**

Print Name (First, Middle, Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Social Security V \_\_\_\_\_

Other Names Under Which Records May Be Listed: \_\_\_\_\_

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

If the Company requests an investigative consumer report and you would like to receive a disclosure of the nature and scope of the investigation and a written summary of consumer rights, check here.

**Office Use Only:**

**Hiring Manager** – Please complete information below for requests. Include Date, Name and Reason for Request. Provide Page 2 of this Document to the Applicant; include this page with Application and forward to Human Resources.

Record checks			
Date	Requesting Manager	Type of Request	Reason for Request
		Driving Record (MVR)	
		CDL Driving History	
		Criminal - State	
		Criminal - Federal	
		Previous Employment	
		Credit	
		Other:	
		Other:	

**Human Resources** – Forward a copy of this form to Safety Dept. if applicable. If Applicant requests disclosure of nature/scope of investigation, please provide response as soon as possible.

## Summary of Your Rights Under FCRA (Fair Credit Reporting Act)

*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

### A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to:**

**Consumer Response Center  
Room 130-A, Federal Trade Commission  
600 Pennsylvania Ave. N.W.  
Washington, D.C. 20580**

**You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment or to take another adverse action against you must tell you, and must give you the name, address, and phone number of the agency that provided the information.

**You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your file disclosure). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if: 1) a person has taken adverse action against you because of information in your credit report; 2) you are the victim of identity theft and place a fraud alert in your file; 3) your file contains inaccurate information as a result of fraud; 4) you are on public assistance; 5) you are unemployed but expect to apply for employment within 60 days. In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

**You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

**You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.

**Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

**Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

**Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

**You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

**You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited prescreened offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

**You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

**Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit). **States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.**