



# Application for Employment

## Personal and Confidential

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

Date of Application: \_\_\_\_\_

We are pleased that you are seeking employment with QualaWash Holdings, LLC. Applicants are considered without regard to race, color, religion, sex, age, or national origin, sexual orientation, or any factors prohibited by local, state, or federal law. We are proud to be an Equal Opportunity employer.



**PERSONAL INFORMATION**

Last Name		First		M.I.	Date
Current Address				Apartment/Unit #	
City		State		ZIP	
Home Phone		E-mail Address			
Work Phone		Social Security No.                      --                      --			
Are you at least 18 years old?		YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain	

**REFERENCES**

*Please list two professional references.*

Full Name		Relationship
Company		Phone (     )
Full Name		Relationship
Company		Phone (     )

**POSITION INFORMATION**

Position applying for:		Desired Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal		Desired Pay    \$ _____ per _____	
Date available for work:			Days available to work:		
Will you work overtime if required: <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, please explain:					
List any upcoming dates you are not available to work:					

**PREVIOUS EMPLOYMENT**

Company		Phone (    )	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone (    )	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone (    )	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

**EDUCATION**

School	Name & Address	Course of Study	Yrs. Completed	Degree
High School				
College or Trade School				
College or Trade School				

# QualaWash

## Applicant Statement

I certify that all information I have provided in order to apply for and secure employment with the employer is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (a) cancel further consideration of this application or (b) immediately discharge me from the employer's service, whenever it is discovered.

I hereby authorize the Company to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and further, I authorize the references I have listed to disclose to the Company all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that the employer does not willfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Company's President or CEO.

I also understand that if hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form.

This application, once completed and signed, becomes property of the Company.

I certify that I have read, fully understand and accept the terms of the above Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_



## Self Identification Form

*The information listed below is provided on a voluntary basis to assist Qualawash, LLC. in complying with equal opportunity/affirmative action reporting requirements. **Providing this information is voluntary, refusal to provide the information will not result in any adverse treatment.***

Name (Last, First, Middle)			
Position Applied For:			
Race/Ethnic Group: <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Two or more races			
Vietnam-Era Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender: <input type="checkbox"/> M <input type="checkbox"/> F

I do not wish to self identify

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Signature

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Date



**Consent and Release Form**  
**For Pre-Employment, Random, or Reasonable Suspicion**  
**Drug and/or Alcohol Testing**

I hereby consent, upon a request made under the drug/alcohol testing policy of QualaWash, to submit to a drug or alcohol test and to furnish an sample of my urine, breath and/or blood (if applicable) at a designated collection site for analysis. I further consent to give full permission and allow a certified laboratory testing service to release of the results of said tests to an authorized medical review officer (MRO), the Company, or authorized agents of the Company.

I further agree to hold harmless the Company and its agents (including the collection site and any testing laboratory the Company might use), from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing in connection with the company's consideration of my employment or any other kind of adverse job action.

**Drug Free Workplace**

The Company does not tolerate the presence of illegal drugs or the illegal use of legal drugs in our workplace. The use, possession, distribution, or sale of controlled substances such as drugs or alcohol, or being under the influence of such controlled substances is strictly prohibited while on duty, while on the Company's premises or worksites, or while operating the Company's equipment or vehicles. The use of illegal drugs as well as the illegal use of legal drugs is a threat to us all because it promotes problems with safety, customer service, productivity, and our ability to survive and prosper as a business. If you need to take a prescription drug that affects your ability to perform your job duties, you are required to discuss possible accommodations with your supervisor. Violation of this policy will result in disciplinary action, up to and including termination.

I have carefully read the foregoing and fully understand its content.

Applicant/Employee:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

# Release Authorization *and* Notification of Intent to Verify Human Resources Department File Copy

A background check is not only for the benefit of the company as a sound business practice, but also for the benefit of all employees. It represents no reflection on an individual applicant. In connection with my application for employment or affiliation with you, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information concerning my motor vehicle operation history and criminal history from various states, private and insurance sources along with other public records available.

I voluntarily and knowingly authorize any present or past employer or supervisor, college or university or other institution of learning; administrator; law enforcement agency, state agency, federal agency; finance bureau/office; credit bureau; collection agency; private business: military branch or the national personnel records center; personal references, and/or other persons to give records or information they may have concerning my criminal history, motor vehicle driving history, earnings history, credit history, character and employment records or any other information requested to HireSafe.

I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. This authorization shall be valid for one year from the date signed and a photographic or faxed copy of this authorization shall be as valid as the original.

This release includes all state and federal agencies. According to the *Fair Credit Reporting Act*, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be advised and be given the name of the agency or source of information. This information is being verified by HireSafe, a division of Data Research Network, Inc. Questions or instructions on how to correct errors found on your records should be directed to the source of the information, or to the following address:

**I wish to receive a copy of the final report**  (CA, OK & MN applicants)

**HireSafe®**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
TODAY'S DATE

**The following must be filled out completely for your application to be considered. *Please print clearly.***

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
SOCIAL SECURITY NUMBER (used for accurate identification purposes only)

\_\_\_\_\_  
DATE of BIRTH (used for accurate identification purposes only)  
MONTH DAY YEAR

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER -or- STATE ID NUMBER (used for accurate identification purposes only)

\_\_\_\_\_  
STATE of ISSUE

\_\_\_\_\_  
NAME OF SCHOOL (highest level only) CITY / STATE YEAR GRADUATED TYPE OF DEGREE / CERTIFICATE

\_\_\_\_\_  
NAME OF LAST EMPLOYER CITY / STATE TELEPHONE NUMBER

*May we contact this employer?*

Yes  No

\_\_\_\_\_  
LAST POSITION HELD

\_\_\_\_\_

## 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:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identify theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- 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. Federal enforcers are:**

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture, Office of Deputy Administrator - GIPSA