

# APPLICATION FOR EMPLOYMENT



Deflecto is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

## INTRODUCTORY INFORMATION:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Alternate Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## APPLICANT QUESTIONS:

Type of worked desired: \_\_\_\_\_ Salary desired: \_\_\_\_\_ Date Available: \_\_\_\_\_

Shift Preference: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Overtime Availability (Please put Y for Yes and N for No for each day of the week:

Sunday \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_

If hired, can you provide documents required to establish your eligibility to work in the U.S.?  Yes  No

Are you 18 years of age or older?  Yes  No

Have you ever worked at Deflecto?  Yes  No : If yes, when? \_\_\_\_\_

How were you referred to Deflecto? \_\_\_\_\_

Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic Violation?  Yes  No

If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

## EDUCATION:

High School or last grade completed:

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

College or Technical School

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

Other Schooling or Training

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

**MILITARY EXPERIENCE:**

Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank/Type of Service: \_\_\_\_\_

Special Training/Experience: \_\_\_\_\_

**RECORD OF EMPLOYMENT:**

List positions starting with most recent:

**May we contact your current employer for reference information ?** Yes \_\_\_\_\_ No \_\_\_\_\_

-----  
Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_

-----  
Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_

-----  
Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_

-----  
\_\_\_\_\_

**WORK-RELATED REFERENCES:** (Do not include relatives)

Name	Occupation	Years Known	Contact Information
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**STATEMENT (Please read this statement carefully before signing this application):**

I understand that employment with Deflecto (the Company) is at-will, meaning that I or the Company may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize the Company to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Company, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that the Company requires the successful completion of a drug and/or alcohol test as a condition of employment.

**I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.**

**Signature of Applicant:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**To be completed by HR**

<b>Application review</b>	
<b>Assessment</b>	
<b>Interview</b> <b>Interviewer</b>	
<b>Background check – Work, Education,</b>	
<b>Reference check</b>	
<b>Recommendation to hire</b>	
<b>Revision Date</b>	<b>1/7/08</b>

## Authorization for Release of Information

We appreciate your interest in employment with Deflecto LLC. As part of our normal procedure for processing applications, we will conduct an investigation into your background. Therefore, by this document we are disclosing to you that a consumer report, including an investigative consumer report containing information as to your character, general reputation, and personal characteristics, including, but not limited to verification of credit history (except California), workers compensation, criminal history from various state and private sources along with other public records available, social search and motor vehicle records, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

**Notice to California Applicants:** Under Section 1786.22 of the California Civil Code, You may view the file maintained on you by PreTrax during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at PreTrax's offices in person at the address listed above, during normal business hours and on reasonable notice, or by mail; you may also receive a summary of the file by telephone. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

**Notice to New York Applicants:** For consumers applying for work in New York: I acknowledge receiving a copy of Article 23-A of the New York Correction Law \_\_\_\_\_.  
(Initials)

**Please read the following statement and indicate your agreement by signing below:**

I authorize all persons, investigative agencies, business organizations, schools, companies, corporations, credit bureaus and law enforcement agencies to supply Deflecto LLC and/or its agents with an investigative consumer report containing any information concerning my background. I authorize PreTrax, Inc., its partners, personnel, and/or agents to conduct and interpret interview procedures they believe necessary. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for reporting agencies to procure consumer reports or investigative consumer reports at any time during my employment period. I hereby release all involved in obtaining, providing, and/or utilizing any consumer reports and/or investigative consumer reports from any and all claims and damages of any kind whatsoever.

Please sign below to signify receipt of the foregoing disclosure and authorization.

---

Applicant Last Name	First Name	Middle Name or Initial
---------------------	------------	------------------------

---

Other Names Used during past 7 years (Maiden, AKA)	Date of Birth	Social Security Number
--	---------------	------------------------

---

Drivers License Number	State Drivers License Issued	Last name on Drivers License
------------------------	------------------------------	------------------------------

---

Current Street Address	City/State/Zip	Dates (From / To)
------------------------	----------------	-------------------

---

Applicant's Signature	<b>Today's Date</b>
-----------------------	---------------------

Are you currently employed? \_\_\_\_ yes \_\_\_\_ no    May we contact your current employer? \_\_\_\_ yes \_\_\_\_ no  
 (Minnesota, California, or Oklahoma residents only) Please provide me with a copy of my investigative consumer report.



## Drug Test Consent Form

### NOTICE AND AUTHORIZATION FOR JOB APPLICANT DRUG TESTING

As a matter of policy and to help ensure a safe work environment free of the use of illegal drugs that may impair your ability to perform the essential functions of your position, Deflecto Corporation screens job applicants for the presence of illegal drugs. A negative drug test is a condition of employment at Deflecto Corporation. Applicants refusing to take a pre-employment drug test will not be considered for employment at Deflecto Corporation. Furthermore, positive test findings will result in any offer being withdrawn (or termination if the results are received after your start date).

A positive test result will disqualify you from employment or consideration from employment at Deflecto Corporation for a period of six (6) months, from the date the notice of the positive result was received.

### CONSENT AGREEMENT AND RELEASE OF LIABILITY

I have read, understand, agree, and consent to Deflecto Corporation's policy as stated above.

I authorize Deflecto Corporation, its physician(s), nurses, technicians, or agents to collect a specimen(s) of my urine for chemical analysis.

I understand that decisions regarding my application for employment at Deflecto Corporation will be made from the results of this test.

I consent to this test for drugs and authorize the attending physician and testing laboratory to provide test results to Deflecto Corporation. In consideration for your review of my application, I hereby release Deflecto Corporation, its affiliates, agents, and employees from any liability resulting from employment decisions made from the results of this test.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

### FOR HUMAN RESOURCES USE ONLY

**Date of Test:** \_\_\_\_\_

Positive     Negative     Hired     Offer rescinded due to drug test result