

ElyJenn of NW Alabama, LLC

APPLICATION FOR EMPLOYMENT

Pre-employment questionnaire – An Equal Opportunity Employer

PERSONAL INFORMATION

Name (Last Name First)

Social Security Number

Present Address

Apt No.

City

State

Zip

Permanent Address

Apt No.

City

State

Zip

Are you 18 years or older?

Phone

Cell

Yes ☐

No ☐

()

()

DESIRED EMPLOYMENT

Position

Date you can start

Desired Salary

Are you employed now?

If so may we inquire of your present employer?

Yes ☐

No ☐

Yes ☐

No ☐

Ever applied to this company before?

Where?

When?

Yes ☐

No ☐

Ever worked for this company before?

Where?

When?

Yes ☐

No ☐

Reason for Leaving

Name of Last Supervisor at this company

Who referred you to this company?

Employment Agency ☐

Newspaper Ad ☐

Friend ☐

State Employment Office ☐

College Placement Service ☐

Walk in ☐

Other ☐

EDUCATION

School Level

Name and location of school

Years attended

Subject Studied

High School

College

Trade, Business,
Or Correspondence
School

GENERAL

Subjects of special study or research work

Special training

Special Skills

EMPLOYMENT HISTORY

List all employment for past ten years, whether or not it seems relevant to the position for which you are applying (attach paper if necessary). Please complete even if you have submitted a resume. Begin with most recent employer.

Company Name

Address

Start Date: End Date: Job Title: Ending Salary \$

Supervisor's Name: Reason for leaving:

Major Responsibilities

Company Name

Address

Start Date: End Date: Job Title: Ending Salary \$

Supervisor's Name: Reason for leaving:

Major Responsibilities:

Company Name

Address

Start Date: End Date: Job Title: Ending Salary \$

Supervisor's Name : Reason for leaving:

Major Responsibilities

Company Name

Address

Start Date: End Date: Job Title: Ending Salary\$

Supervisor's Name: Reason for leaving:

Major Responsibilities:

Below, give the names of three people you are not related to, whom you have known for at least one year.			
NAME	BUSINESS/ADDRESS	PHONE	# YEARS KNOWN
1			
2			
3			

Computer Software used:

Windows _____ Word _____ PowerPoint _____ Excel _____ Lotus _____

SERVICE RECORD	
Branch of Service	Discharge Date and Rank

Have you been convicted of a felony within the last 10 years?	YES [] NO []
If yes, please explain (will not necessarily exclude you from consideration):	

In filling out this application, I understand that if I am offered and accept employment with ElyJenn, that I will be employed at the will of the Company for an indefinite period. Accordingly, I understand that I may resign from the Company at any time, for any reason, and may be terminated by the Company at any time, for any reason.

I understand that any employment or offer of employment arising out of this Employment Application will be subject to satisfactory verification of all job qualifications which may include academic credentials, licenses, professional designations, and employment history. I authorize ElyJenn to contact any of my schools or former employers. I authorize any former employer(s) and school(s) and their agents to provide such information and agree to hold them harmless from all liability arising out of providing such information.

I further understand that employment may be contingent upon a pre-employment drug or alcohol screen. In addition, a criminal background investigation may be conducted.

I hereby certify that the information contained in this Employment Application and on my resume, if applicable, is true and accurate. I understand that if I become employed, any misrepresentation and/or omission of any facts on this Employment Application and/or resume is sufficient cause for summary dismissal when it is discovered.

Signature of Applicant _____ Date _____

This Application is the Property of ElyJenn of NW Alabama, LLC

KROLL

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with _____ ("Company"), I authorize Company to request a consumer and/or investigative consumer report on me for employment purposes from **KROLL BACKGROUND AMERICA, INC.** ("Kroll"). Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers' compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Company and Kroll, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize Company to share such information only with parties in interest who have a "need to know" such information to protect them and their employees. Kroll does not sell or otherwise provide any of the information found in its background investigations to any party other than the Company.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report of which I am the subject upon my written request to Kroll. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment with Company. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

Signature: _____ Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name: _____ First Name: _____ Middle: _____

Other Names Used _____ Years Used _____

Current Address: _____
Street / P. O. Box City State Zip Code County Dates

Former Address: _____
Street / P. O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Phone Number: _____

E-mail Address: _____ Driver's License Number: _____ State of Issuance: _____

*Date of Birth: _____ *Gender _____

For CA, MN & OK Residents Only: Please provide me with a copy of my background report YES: ☐ NO ☐
For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by Kroll. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by submitting a request by mail, by appearing at Kroll's offices in person during normal business hours and on reasonable notice, or you may also receive a summary of the file by telephone after submitting a written request. Kroll has trained personnel available to explain your file to you and will provide a written explanation of any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. Kroll is located at 1900 Church St., Suite 300, Nashville, TN 37203 and may be contacted at 800-697-7189.

*Providing year of birth and gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.

Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc. ("HireRight"), and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period from HireRight and/or other consumer reporting agencies.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize all of the following, without limitation, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local agencies, learning institutions (including public and private schools, colleges and universities), testing agencies, information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

☐ **California, Minnesota or Oklahoma applicants only:** Please check this box if you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____ Date _____



Request for Motor Vehicle Record Containing Personal Information

Information Provided to Request MVR

Name: Last	First	Middle
Driver License Number	Date of Birth	Social Security Number

Identity of Person Requesting Information

Name: Last	First	Middle
Address	City	State
Daytime Telephone Number	Zip	
Whom Do You Represent?		

The federal Driver's Privacy Protection Act allows individuals to request that disclosure of certain personal information contained in driver license and vehicle records be restricted. The Alabama Department of Public Safety may disclose that personal information to any person on proof of the identity of the person requesting a record and representation by the requester that the use of the personal information will be strictly limited to one or more of the following:

Enter your initials in the blank to the left of the appropriate category.

- ☐ 1. For use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person acting on behalf of a government agency in carrying out its functions.
- ☒ 2. For use in connection with matters of motor vehicles or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts, and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers.
- ☐ 3. For use in the normal course of business by a legitimate business or its agents, employees, or contractors;
 - a. To verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; and
 - b. If the information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against the individual.
- ☐ 4. For use in connection with any proceeding in any court or government agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of any court.
- ☐ 5. For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, redisclosed, or used to contact individuals.
- ☒ 6. For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors in connection with claims investigation activities, anti-fraud activities, rating, or underwriting.
- ☐ 7. For use in providing notice to the owner or lien holder of a towed or impounded vehicle.
- ☐ 8. For use by any licensed private investigative agency or licensed security service for any purpose permitted under this section.
- ☐ 9. For use by an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver license which is required under the Commercial Motor Vehicle Safety Act of 1986 (Title XII of Public Law 99-570).
- ☐ 10. For use in connection with the operation of private toll transportation facilities.
- ☒ 11. For any use specifically authorized by law that is related to the operation of a motor vehicle or public safety.
- ☐ 12. Unrestricted or specified use with written consent of the person who is the subject of the information. (Attach written proof of consent.)

In requesting and using this information, I acknowledge that this disclosure is subject to the federal Driver's Privacy Protection Act (Public Law 103-322) and Alabama state law. This is signed and the request made under the penalties of law.

Signature *

Date