



PERSONAL INFORMATION

LAST NAME FIRST NAME M.I.

ADDRESS CITY STATE ZIP

TELEPHONE NUMBER EMAIL ADDRESS

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME, OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO

IF YES, PLEASE EXPLAIN _____

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB WITH OR WITHOUT REASONABLE ACCOMMODATION? YES NO

IF THIS JOB REQUIRES YOU TO TRAVEL, ARE YOU ABLE TO DO SO? YES NO

DESIRED EMPLOYMENT

DESIRED POSITION DESIRED START DATE DESIRED SALARY OR HOURLY RATE

ARE YOU WILLING TO WORK WEEKENDS? YES NO

ARE YOU WILLING TO WORK EVENINGS? YES NO

ARE YOU WILLING TO WORK HOLIDAYS? YES NO

ARE YOU SEEKING FULL-TIME OR PART-TIME WORK? FULL-TIME PART-TIME

EDUCATION OR TRAINING

NAME OF SCHOOL COURSE OF STUDY YEARS COMPLETED DID YOU GRADUATE?

HIGH SCHOOL _____ YES NO

COLLEGE _____ YES NO

COLLEGE _____ YES NO

OTHER _____

LICENSES OR CERTIFICATES _____



EMPLOYMENT HISTORY

PLEASE LIST PRESENT EMPLOYER FIRST.

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR REFERENCE? YES NO NOT APPLICABLE

DATE STARTED _____ DATE ENDED _____ AVERAGE HOURS WORKED PER WEEK _____

EMPLOYER _____ ADDRESS _____ CITY, STATE, ZIP _____

TELEPHONE _____ JOB TITLE _____ SUPERVISOR _____ MONTHLY SALARY _____

JOB RESPONSIBILITIES _____

REASON FOR LEAVING _____

MAY WE CONTACT YOUR PREVIOUS EMPLOYER FOR REFERENCE? YES NO NOT APPLICABLE

DATE STARTED _____ DATE ENDED _____ AVERAGE HOURS WORKED PER WEEK _____

EMPLOYER _____ ADDRESS _____ CITY, STATE, ZIP _____

TELEPHONE _____ JOB TITLE _____ SUPERVISOR _____ MONTHLY SALARY _____

JOB RESPONSIBILITIES _____

REASON FOR LEAVING _____

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DATE STARTED _____ DATE ENDED _____ AVERAGE HOURS WORKED PER WEEK _____

EMPLOYER _____ ADDRESS _____ CITY, STATE, ZIP _____

TELEPHONE _____ JOB TITLE _____ SUPERVISOR _____ MONTHLY SALARY _____

JOB RESPONSIBILITIES _____

REASON FOR LEAVING _____



REFERENCES

PLEASE PROVIDE THE NAME OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST A YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION AND ANY ATTACHMENTS IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY WILLFUL MISREPRESENTATION, FALSE STATEMENT, OR OMISSION BY ME IN THIS APPLICATION OR INTERVIEW PROCESS WILL BE CAUSE FOR REJECTION OF MY APPLICATION OR TERMINATION OF MY EMPLOYMENT. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS MADE ON THIS APPLICATION AND ANY ATTACHMENTS, AND I RELEASE ALL PERSONS, COMPANIES AND ORGANIZATIONS FROM LIABILITY FOR PROVIDING OR RECEIVING SUCH INFORMATION. I FURTHER UNDERSTAND THAT THIS EMPLOYMENT APPLICATION AND OTHER EMPLOYMENT RELATED DOCUMENTS ARE NOT CONTRACTS OF EMPLOYMENT; AND, THAT ANY ORAL OR WRITTEN STATEMENTS TO THE CONTRARY ARE HEREBY EXPRESSLY DISAVOWED. A TYPED NAME IS CONSIDERED A SIGNATURE.

APPLICANT'S SIGNATURE

DATE



APPLICANT HISTORY

**NOTICE BEFORE ORDERING CONSUMER REPORTS
INCLUDING MOTOR VEHICLE REPORTS AND CRIMINAL REPORTS**

THE FAIR CREDIT REPORTING ACT [FCRA] PROVIDES INDIVIDUALS WITH CERTAIN RIGHTS REGARDING CONSUMER REPORTS AND PLACES CERTAIN OBLIGATIONS ON EMPLOYERS USING CONSUMER REPORTS FOR EMPLOYMENT-RELATED PURPOSES. CONSISTENT WITH THE FCRA'S REQUIREMENTS, THIS NOTICE IS PROVIDED TO YOU IN ORDER TO INFORM YOU THAT **GREEN IRON EQUIPMENT** MAY, FOR EMPLOYMENT-RELATED PURPOSES [E.G., EVALUATING YOU FOR INITIAL EMPLOYMENT, PROMOTIONS, TRANSFERS, ASSIGNED DUTIES, RETENTION AS AN EMPLOYEE, ETC.], OBTAIN FROM A CONSUMER REPORTING AGENCY ONE OR MORE CONSUMER REPORTS CONTAINING FINANCIAL INFORMATION, CRIMINAL RECORD INFORMATION, DRIVING RECORD INFORMATION ON AND/OR OTHER RELEVANT INFORMATION ABOUT YOU. **GREEN IRON EQUIPMENT** WILL NOT OBTAIN A CONSUMER REPORT WITHOUT YOUR SIGNATURE BELOW AUTHORIZING US TO OBTAIN ONE OR MORE CONSUMER REPORTS.

INCLUDING MOTOR VEHICLE REPORTS AND CRIMINAL REPORTS

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE CONTENTS OF THE ABOVE NOTICE AND, BY SIGNING BELOW, SPECIFICALLY AUTHORIZE **GREEN IRON EQUIPMENT** TO OBTAIN ONE OR MORE CONSUMER REPORTS ON ME FOR EMPLOYMENT-RELATED PURPOSES AS INDICATED ABOVE.

FIRST NAME [PLEASE PRINT] M.I. LAST NAME

ADDRESS CITY STATE ZIP

DATE OF BIRTH DRIVER'S LICENSE NUMBER STATE SOCIAL SECURITY NUMBER

APPLICANT'S SIGNATURE DATE