

## **APPLICATION FOR EMPLOYMENT**

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

| PERSONAL INFORM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MATION      |                              |                             |                       |                             | 7                                    |  |
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| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                              |                             |                       | SOCIAL SECURITY<br>NUMBER   | Ĭ                                    |  |
| IVAIVIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | LAST        | FIRST                        |                             | MIDDLE                | NOWBER                      | 1                                    |  |
| PRESENT ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                              |                             |                       |                             |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET      | CITY                         |                             | STATE                 | ZIP                         |                                      |  |
| PERMANENT ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET      | CITY                         |                             | STATE                 | ZIP                         | +                                    |  |
| PHONE NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AR          | RE YOU 18 YEARS OR           | OLDER?                      | Yes □                 | No □                        |                                      |  |
| ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?  Yes \( \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\titt{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\til\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex |             |                              |                             |                       | No □                        |                                      |  |
| EMPLOYMENT DES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | IRED        |                              | DATE YOU<br>CAN START       |                       | SALARY<br>DESIRED           | =<br>-<br>-<br>-<br>-<br>-<br>-<br>- |  |
| IF SO MAY WE INQUIRE  ARE YOU EMPLOYED NOW?  OF YOUR PRESENT EMPLOYER?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                              |                             |                       | FIRST                       |                                      |  |
| EVER APPLIED TO THIS COMPANY BEFORE? WHERE? WHEN?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                              |                             |                       |                             |                                      |  |
| REFERRED BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                              |                             |                       |                             | -                                    |  |
| EDUCATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NAME AND LO | OCATION OF SCHOOL            | *NO OF<br>YEARS<br>ATTENDED | *DID YOU<br>GRADUATE? | SUBJECTS STUDIED            |                                      |  |
| GRAMMAR SCHOOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                              |                             |                       |                             |                                      |  |
| HIGH SCHOOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                              |                             |                       |                             | MIDDLE                               |  |
| COLLEGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                              |                             |                       |                             |                                      |  |
| TRADE, BUSINESS OR<br>CORRESPONDENCE<br>SCHOOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                              |                             |                       |                             |                                      |  |
| GENERAL<br>SUBJECTS OF SPECIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STUDY OR RE | SEARCH WORK                  |                             |                       |                             |                                      |  |
| SPECIAL SKILLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                              |                             |                       |                             |                                      |  |
| ACTIVITIES: (CIVIC ATHLE EXCLUDE ORGANIZATIONS, THE NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             | TES THE RACE, CREED. SEX. AG | E, MARITAL STATUS           | S, COLOR OR NATION    | N OF ORIGIN OF ITS MEMBERS. |                                      |  |
| U. S MILITARY OR<br>NAVAL SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             | RANK                         |                             | PRESENT MEN           |                             |                                      |  |

\*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26. 1991.

| FORMER EMPLOY                                                                                                                                                            | YERS (LIST BEL                                                                                                                       | OW LAST THREE EMPLOY                                                                                                                                                                                                                                                                                      | ERS, START                                                                                     | ING WITH LAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ST ONE FIRST).                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE<br>MONTH AND YEAR                                                                                                                                                   | NAME AND A                                                                                                                           | DDRESS OF EMPLOYER                                                                                                                                                                                                                                                                                        | SALARY                                                                                         | POSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | REASON FOR LEAVING                                                                                                                                                   |
| FROM                                                                                                                                                                     |                                                                                                                                      |                                                                                                                                                                                                                                                                                                           |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |
| ТО                                                                                                                                                                       |                                                                                                                                      |                                                                                                                                                                                                                                                                                                           |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |
| FROM                                                                                                                                                                     |                                                                                                                                      |                                                                                                                                                                                                                                                                                                           |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |
| TO                                                                                                                                                                       |                                                                                                                                      |                                                                                                                                                                                                                                                                                                           |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |
| FROM                                                                                                                                                                     | _                                                                                                                                    |                                                                                                                                                                                                                                                                                                           |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |
| TO FROM                                                                                                                                                                  |                                                                                                                                      |                                                                                                                                                                                                                                                                                                           |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |
| FROM<br>TO                                                                                                                                                               |                                                                                                                                      |                                                                                                                                                                                                                                                                                                           |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |
| WHICH OF THESE JOBS                                                                                                                                                      | DID YOU LIKE BES                                                                                                                     | Γ?                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |
| WHAT DID YOU LIKE MOS                                                                                                                                                    | ST ABOUT THIS JOI                                                                                                                    | 3?                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |
| REFERENCES: GIV                                                                                                                                                          | /E THE NAMES OF T                                                                                                                    | HREE PERSONS NOT RELATED                                                                                                                                                                                                                                                                                  | TO YOU, WHON                                                                                   | I YOU HAVE KNO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | WN AT LEAST ONE YEAR.                                                                                                                                                |
| NAME                                                                                                                                                                     |                                                                                                                                      | ADDRESS                                                                                                                                                                                                                                                                                                   | В                                                                                              | USINESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | YEARS<br>ACQUAINTED                                                                                                                                                  |
| 1                                                                                                                                                                        |                                                                                                                                      |                                                                                                                                                                                                                                                                                                           |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |
| 2                                                                                                                                                                        |                                                                                                                                      |                                                                                                                                                                                                                                                                                                           |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |
| 3                                                                                                                                                                        |                                                                                                                                      |                                                                                                                                                                                                                                                                                                           |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |
| IT IS UNLAWFU<br>AS A CONDITIC                                                                                                                                           | JL IN THE STATE O<br>ON OF EMPLOYME                                                                                                  | PPLIES IN: MARYLAND & MAS<br>F<br>INT OR CONTINUED EMPLOY<br>TIES AND CIVIL LIABILITY.                                                                                                                                                                                                                    | _ TO REQUIRE                                                                                   | OR ADMINIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ER A LIE DETECTOR TEST                                                                                                                                               |
| IN CASE OF                                                                                                                                                               |                                                                                                                                      | Sign                                                                                                                                                                                                                                                                                                      | nature of Applica                                                                              | ant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                      |
| EMERGENCY NOTIF                                                                                                                                                          | Y<br>NAME                                                                                                                            | ADD                                                                                                                                                                                                                                                                                                       | RESS                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PHONE NO.                                                                                                                                                            |
| IF ANY FALSE INFORI<br>AM EMPLOYED. MY E<br>IN CONSIDERATION O<br>MY EMPLOYMENT AN<br>TIME, AT EITHER MY<br>EMPLOYMENT MAY B<br>UNDERSTAND THAT I<br>BY THE PRESIDENT, I | MATION, OMISSIONS MPLOYMENT MAY E DF MY EMPLOYMEN ID COMPENSATION OR THE COMPANY'S BE CHANGED, WITH NO COMPANY REPR HAS ANY AUTHORIT | SUBMITTED BY ME ON THIS APP<br>S, OR MISREPRESENTATIONS AF<br>BE TERMINATED AT ANY TIME.<br>T, I AGREE TO CONFORM TO TH<br>CAN BE TERMINATED, WITH OR<br>S OPTION. I ALSO UNDERSTAND<br>OR WITHOUT CAUSE, AND WITH<br>RESENTATIVE, OTHER THAN IT'S<br>TY TO ENTER INTO ANY AGREEM<br>RY TO THE FOREGOING. | RE DISCOVERE<br>E COMPANY'S I<br>WITHOUT CAU:<br>AND AGREE TH<br>OR WITHOUT I<br>PRESIDENT, AI | D, MY APPLICATION RULES AND REGION SE. AND WITH OF HAT THE TERMS AND THE AND T | ON MAY BE REJECTED AND, IF I<br>JLATIONS, AND I AGREE THAT<br>R WITHOUT NOTICE, AT ANY<br>AND CONDITIONS OF MY<br>FIME BY THE COMPANY. I<br>JHEN IN WRONG AND SIGNED |
| DATE                                                                                                                                                                     | SIGNATURE                                                                                                                            |                                                                                                                                                                                                                                                                                                           |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |
|                                                                                                                                                                          |                                                                                                                                      | DO NOT WRITE BELOW                                                                                                                                                                                                                                                                                        | THIS LINE                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |
| INTERVIEWED BY:                                                                                                                                                          |                                                                                                                                      |                                                                                                                                                                                                                                                                                                           |                                                                                                | DAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | E:                                                                                                                                                                   |
| REMARKS:                                                                                                                                                                 |                                                                                                                                      |                                                                                                                                                                                                                                                                                                           |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |
|                                                                                                                                                                          |                                                                                                                                      |                                                                                                                                                                                                                                                                                                           |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |
| NEATNESS                                                                                                                                                                 |                                                                                                                                      | ABIL                                                                                                                                                                                                                                                                                                      | _ITY                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |
| HIRED: Yes No                                                                                                                                                            | 0                                                                                                                                    | POSITION                                                                                                                                                                                                                                                                                                  |                                                                                                | DEF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PT.                                                                                                                                                                  |
| SALARY/WAGE                                                                                                                                                              |                                                                                                                                      | DAT                                                                                                                                                                                                                                                                                                       | E REPORTING                                                                                    | TO WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                      |
| APPROVED:                                                                                                                                                                | 1.                                                                                                                                   | 2.                                                                                                                                                                                                                                                                                                        |                                                                                                | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                      |

DEPT. HEAD

GENERAL MANAGER

EMPLOYMENT MANAGER

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.



### **Applicant Information Release**

#### **Greater State Bank**

I hereby authorize Greater State Bank to investigate in good faith my credit and background check regarding my application for employment. I will hold Greater State Bank free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

| Signed: | <br> | <br> |  |
|---------|------|------|--|
| S.S. #  | <br> | <br> |  |
|         |      |      |  |
| Date:   |      |      |  |

#### NOTICE AND ACKNOWLEDGMENT

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

#### NOTICE REGARDING BACKGROUND INVESTIGATION

Greater South Texas Bank may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, driving record, and/or mode of living, and which can involve personal interviews with sources such as your current and past employers, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by EmployeeScreenIQ, PO Box 22627, Cleveland, OH 44122-0627, 1-800-235-3954. The scope of this notice and authorization is all-encompassing, however, allowing Greater South Texas Bank to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York & Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting EmployeeScreenIQ directly.

#### ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **EmployeeScreenIQ**, another outside organization acting on behalf of **Greater South Texas Bank** itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. □

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. 

□

The following is for identification purposes only to perform the background check and will not be used for any other purpose:

DATE

PRINT NAME

SIGNATURE OF EMPLOYEE OR PROSPECTIVE EMPLOYEE

SOCIAL SECURITY NUMBER

Date of Birth (For Background Purposes Only)

Drivers License Number

State

Current Address:

Previous Addresses (Last 7 years):

Any other names I have been known by (including maiden name):

Para information en español, visite <u>www.ftc.gov/credit</u> 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 <a href="https://www.ftc.gov/credit">www.ftc.gov/credit</a> 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 <a href="www.ftc.gov/credit">www.ftc.gov/credit</a> 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 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 <a href="https://www.ftc.gov/credit">www.ftc.gov/credit</a>.

- 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 888-5-OPT-OUT (888-567-8688) or www.optoutprescreen.com.
- 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.

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<br>1775 Duke Street<br>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<br>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 Washington, DC 20250 202-720-7051                                           |

# NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

Employer (the "Company") intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for employment purposes. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be **EmployeeScreenIQ** (EmployeeScreenIQ), PO Box 22627, Cleveland, OH 44122, 1-800-235-3954. The source of any credit report will be {EmployeeScreenIQ (EmployeeScreenIQ), PO Box 22627. Cleveland, Ohio 44122, 216-514-2800 or toll free 800-235-3954].

The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy
  of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of
  your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be
  provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll
  charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRAs complying with requests for certified mailings shall
  not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.