

**COMBINED DISCLOSURE NOTICE AND AUTHORIZATION
REGARDING BACKGROUND CONSUMER REPORTS**

(Important: Please read carefully before signing.)

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

ModernHR (Company) may conduct a background investigation as part of its screening and hiring process. 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, and/or mode of living. These reports may contain information regarding your credit history, credit header data, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. The primary objective of any investigation will be to verify information you provided on your application in connection with your application for employment or continued employment with the company. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the company, to the extent permitted by law. If you submit a timely written request to our personnel department, we will provide you with the name, address and phone number of the consumer reporting agency and the nature and scope of any investigative consumer report (if one is ordered). 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 Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439, 800-886-4777, www.orangetreescreening.com or another outside organization.

SUMMARY OF YOUR RIGHTS UNDER THE FCRA

The FCRA (Fair Credit Reporting Act) requires that we inform you that a background investigation may be conducted as part of the screening and hiring process. In the course of this screening process before any adverse action is taken, you will be provided a copy of the report and a comprehensive summary of your rights under the FCRA, as well as additional information on your rights under the law. For a full copy of your rights and other useful information visit:

<http://www.orangetreescreening.com/Portals/0/docs/Summary%20of%20Your%20Rights%20Under%20the%20FCRA%202012b.pdf>

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and the SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, if applicable. 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 Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439, 800-886-4777, their agents, and/or the Company itself. A photocopy of this document may be substituted for the original. I hereby authorize Orange Tree Employment Screening to affix my proxy signature in the furtherance of obtaining said reports.

New York applicants or employees only: By signing below, you also acknowledge receipt of [Article 23-A of the New York Corrections Law](#). You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

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 at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

I affirm that the information provided on the attached forms is true and accurate to the best of my knowledge.

Printed Full Name of Applicant _____
First Middle Last

Signature Of Applicant _____ Date ____/____/____

Personal History Questionnaire

The items of information requested below are required to process your background investigation. They are intended solely for that purpose and will not be used in a discriminatory manner in business decisions.

Date of Birth: ____/____/____ (Month, Day, Year)

Driver License # _____ State _____

Social Security # ____ / ____ / _____

Other Names Used & Date Changed _____
(Year changed)

Email Address: _____ Contact Phone Number: _____

Professional License(s): _____ State(s): _____ Type(s): _____ Number(s): _____

May we contact your current employer? _____ Yes _____ No

Residence Addresses For The Past 7 Years: (attach additional sheets, if necessary)

Street Address _____ *City, State & Zip Code* _____ *County* _____ *From Mo./Yr.* _____ *To Mo./Yr.* _____

Current Address _____

Criminal History Questionnaire

Have you ever been convicted of, plead guilty, no contest or nolo contendere, to a misdemeanor or felony?*

*Do not report any conviction that has been sealed, expunged, statutorily eradicated, annulled, impounded, erased, dismissed under the First Offender's law, pardoned by the Governor or in which state law allows you to lawfully deny as set forth below. You are also not required to disclose violations, infractions, petty misdemeanors or summary offenses.

_____ Yes _____ No

If yes, provide city, county, and state of conviction and date and nature of the offense, along with sentencing information. Enter N/A if this does not apply to you.

* **California applicant/residents:** You need not disclose any referral to, and participation in, any pre-trial or post-trial diversion program, or any misdemeanor convictions for which probation has been successfully completed and discharged. Do not list any marijuana-related misdemeanor convictions over two years old, or felony marijuana convictions under California Health and Safety Code Section 11360 (c) which occurred prior to 1976.

* **Connecticut applicants/residents:** You need not disclose any conviction record that has been erased pursuant to sections 46b-146, 54-76o or 54-142a of the Connecticut General Statutes. Records subject to erasure under these sections are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that was dismissed or nolloed, or a criminal charge for which the person was found not guilty or received an absolute pardoned conviction. Any person whose records were erased within the meaning of these three sections may consider such events to have never occurred and may so swear under oath.

* **Hawaii applicants/residents:** Do not respond to this question until you have been given a conditional offer of employment.

* **Kentucky applicants/residents:** You do not respond "Yes" as a result of any misdemeanor conviction where the date of conviction was more than five years ago.

* **Massachusetts applicants/residents:** An applicant for employment with a sealed record on file with the commissioner of probation may answer "no" to the above with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "no" to the above with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

You may exclude information regarding first convictions for the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace, or a conviction for any misdemeanor where the conviction occurred or any prison sentence ended five or more years ago whichever date is later, unless you have been convicted of another offense within the last 5 years.

* **Washington applicants/residents:** You may exclude convictions that occurred over ten years ago.

**NOTICE REGARDING BACKGROUND INVESTIGATION
PURSUANT TO CALIFORNIA LAW**

ModernHR intends to obtain information about you for employment purposes from a consumer reporting agency. 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 Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439, 800-886-4777. The source of any credit report will be Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439, 800-886-4777. 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.

Is An Equal Opportunity Employer

Please print in ink and answer all questions completely.

POSITION DESIRED:	WHEN CAN YOU REPORT?	SALARY DESIRED:	DATE OF APPLICATION:
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PERSONAL

LAST NAME	FIRST	INITIAL	SOC. SEC. NO.	HOME PHONE () ()
STREET ADDRESS				WORK PHONE () ()
APT#				CELL PHONE () ()
CITY				
STATE				
ZIP				
EMAIL ADDRESS:				
DO YOU HAVE RELATIVES WORKING FOR THIS COMPANY? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, LIST NAMES:			HOW WERE YOU REFERRED TO THE COMPANY? HAVE YOU WORKED FOR THE COMPANY BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES	
ARE YOU ANTICIPATING ABSENCES AWAY FROM WORK OF ANY DURATION? <input type="checkbox"/> NO <input type="checkbox"/> YES EXPLAIN:		ARE YOU AVAILABLE TO WORK OVERTIME, IF NECESSARY? <input type="checkbox"/> NO <input type="checkbox"/> YES ARE YOU ABLE TO WORK ON WEEKENDS? <input type="checkbox"/> NO <input type="checkbox"/> YES		
ARE YOU ABLE TO TRAVEL? <input type="checkbox"/> NO <input type="checkbox"/> YES		ARE YOU ABLE TO TRAVEL? <input type="checkbox"/> NO <input type="checkbox"/> YES		
DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK? <input type="checkbox"/> NO <input type="checkbox"/> YES		FOR DRIVING JOBS ONLY: DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PROVIDE #, STATE AND EXP. DATE:		
IF DRIVING IS A REQUIREMENT OF THE POSITION APPLIED FOR, HAVE YOU HAD YOUR LICENSE SUSPENDED OR REVOKED IN THE LAST 3 YEARS? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PLEASE EXPLAIN:				
AVAILABILITY TO WORK: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME / NUMBER OF HOURS _____ <input type="checkbox"/> TEMPORARY / AVAILABLE THROUGH _____				
CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO WORK IN THIS COUNTRY? <input type="checkbox"/> NO <input type="checkbox"/> YES (IF HIRED, PROOF OF LAWFUL RIGHT TO WORK IN THE U.S. WILL BE REQUIRED)			ARE YOU 18 OR OLDER? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF HIRED, CAN YOU FURNISH PROOF OF AGE? <input type="checkbox"/> NO <input type="checkbox"/> YES

SCHOOL	LOCATION	CIRCLE GRADE/YEARS COMPLETED	UNIT CREDITS	DEGREE EARNED	MAJOR
HIGH SCHOOL		9 10 11 12		GRADUATED <input type="checkbox"/> NO <input type="checkbox"/> YES	
JR. COLLEGE		1 2			
COLLEGE		1 2 3 4			
BUSINESS OR TRADE SCHOOL. LIST PROFESSIONAL DESIGNATIONS:		1 2 3 4			

MILITARY (To Be Completed By Both Male And Female)

HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BRANCH:	IF YES, GIVE DATES FROM: TO:	FINAL RANK:
RELEVANT SKILLS ACQUIRED:		

SKILLS (Check Any Of The Following Skills You Possess)

LIST ANY FOREIGN LANGUAGES YOU KNOW. _____ <input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/> SPEAK _____ <input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/> SPEAK	OTHER APPLICABLE SKILLS - CHECK THOSE THAT APPLY: <input type="checkbox"/> OFFICE 2007 <input type="checkbox"/> OFFICE 2003 <input type="checkbox"/> GOLDMINE <input type="checkbox"/> MAS 90 <input type="checkbox"/> WINDOWS XP <input type="checkbox"/> WINDOWS VISTA <input type="checkbox"/> QUICKBOOKS <input type="checkbox"/> ORACLE <input type="checkbox"/> PEOPLESFT OTHER _____
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ADDITIONAL INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? (CONVICTIONS FOR MARIJUANA-RELATED OFFENSES THAT ARE MORE THAN TWO YEARS OLD NEED NOT BE LISTED). <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN IN DETAIL AS TO TIME, NATURE, NUMBER AND DISPOSITION OF CONVICTION(S): (NOTE: NO APPLICANT WILL BE DENIED EMPLOYMENT SOLELY ON THE GROUNDS OF CONVICTION OF A CRIMINAL OFFENSE. THE NATURE OF THE OFFENSE, THE DATE OF THE OFFENSE, THE SURROUNDING CIRCUMSTANCES AND THE RELEVANCE OF THE OFFENSE TO THE POSITION(S) APPLIED FOR MAY, HOWEVER, BE CONSIDERED.)	
HAVE YOU USED ANY NAME OTHER THAN THE NAME YOU ARE CURRENTLY USING WHILE ATTENDING SCHOOL OR WITH A PREVIOUS EMPLOYER? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, LIST NAME(S) YOU USED:	
AS AN EMPLOYEE, HAVE YOU EVER BEEN INVOLUNTARILY DISCHARGED OR ASKED TO RESIGN? <input type="checkbox"/> NO <input type="checkbox"/> YES	
HAVE YOU EVER BEEN BONDED? <input type="checkbox"/> NO <input type="checkbox"/> YES HAVE YOU EVER BEEN REFUSED BONDING? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, WHAT TYPE AND REASON:	
IF REQUIRED, WILL YOU UNDERGO A PRE-EMPLOYMENT PHYSICAL OR DRUG TEST? <input type="checkbox"/> NO <input type="checkbox"/> YES	
ARE YOU ABLE TO SAFELY PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATION? <input type="checkbox"/> NO <input type="checkbox"/> YES IF NO, IF YOU REQUIRE REASONABLE ACCOMMODATION PLEASE EXPLAIN: (NOTE: WE COMPLY WITH THE ADA AND CONSIDER REASONABLE ACCOMMODATION MEASURES THAT MAY BE NECESSARY FOR ELIGIBLE APPLICANTS/EMPLOYEES TO PERFORM ESSENTIAL FUNCTIONS. HIRE MAY BE SUBJECT TO PASSING A MEDICAL EXAMINATION, AND SKILL AND AGILITY TESTS.)	

AN AFFIRMATIVE ANSWER TO ANY OF THESE QUESTIONS MAY NOT NECESSARILY DISQUALIFY YOU FROM CONSIDERATION FOR EMPLOYMENT.

EMPLOYMENT HISTORY

LIST ALL EMPLOYMENT FOR THE PAST 10 YEARS, INCLUDING MILITARY SERVICE AND PERIODS OF UNEMPLOYMENT. FOR ADDITIONAL EMPLOYMENT HISTORY OR EXPLANATIONS, USE THE SUPPLEMENTAL APPLICATION FOR EMPLOYMENT. YOU MUST COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME.

FIRM (please start with most recent position)		(may we contact? <input type="checkbox"/> No <input type="checkbox"/> Yes)	TITLE AND SUMMARY OF YOUR DUTIES:	
ADDRESS	CITY	STATE	ZIP	
SUPERVISOR		PHONE		
DATES OF EMPLOYMENT (include month and year)		BASE SALARY		FULL-TIME <input type="checkbox"/> REASON FOR LEAVING:
From:	To:	Starting \$	Ending \$	PART-TIME <input type="checkbox"/>
FIRM		(may we contact? <input type="checkbox"/> No <input type="checkbox"/> Yes)		TITLE AND SUMMARY OF YOUR DUTIES:
ADDRESS	CITY	STATE	ZIP	
SUPERVISOR		PHONE		
DATES OF EMPLOYMENT (include month and year)		BASE SALARY		FULL-TIME <input type="checkbox"/> REASON FOR LEAVING:
From:	To:	Starting \$	Ending \$	PART-TIME <input type="checkbox"/>
FIRM		(may we contact? <input type="checkbox"/> No <input type="checkbox"/> Yes)		TITLE AND SUMMARY OF YOUR DUTIES:
ADDRESS	CITY	STATE	ZIP	
SUPERVISOR		PHONE		
DATES OF EMPLOYMENT (include month and year)		BASE SALARY		FULL-TIME <input type="checkbox"/> REASON FOR LEAVING:
From:	To:	Starting \$	Ending \$	PART-TIME <input type="checkbox"/>

REFERENCES

LIST BELOW THREE PERSONS NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST THREE YEARS.

NAME AND OCCUPATION	ADDRESS	TELEPHONE #	YEARS KNOWN

INITIAL AFFIDAVIT

_____ I certify that all information provided in this employment application and supplementary application are true and complete. I agree to have any of the statements checked by the Company unless indicated to the contrary. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

_____ I am aware that a more detailed investigation concerning background and credit may also be conducted, I hereby authorize that investigation. I also understand that employment is contingent upon satisfactory completion of reference checks and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

_____ I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a pre-employment alcohol and drug screening examination. I understand that my job offer or my continuing employment, if hired, is contingent upon my being physically, mentally and medically able, with or without reasonable accommodation, to successfully perform the essential functions of my job. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

_____ I understand that nothing in this application, conveyed during any interview, or subsequent employment creates a contract of employment between the Company or any subsidiary or affiliate and myself, nor guarantees employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause or notice by either myself or the Company. I understand that the Company can change benefits, policies and conditions at any time.

_____ I understand that any and all disputes regarding my employment with the Company, including any disputes relating to the termination of my employment, are subject to the Alternative Dispute Resolution process, which includes final and binding arbitration. I also understand and agree, as a condition of employment, to submit any such disputes for resolution under that process, and I further agree to abide by and accept the decision of the arbitration panel as the final binding decision and resolution of any such disputes I may have.

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING. I have read, understand, and by my signature consent to these statements.

APPLICANT'S SIGNATURE: _____ DATE: _____

Notification and Release Authorization

Applicant's Consent to Drug/Alcohol Testing

I understand that Rams Hill Golf Course (herein: the "Company") is committed to providing a drug and alcohol free workplace and that the company tests all applicants who may receive job offers from the Company for drugs and alcohol at the Company's expense as a condition of employment and may conduct other drug and alcohol testing under circumstances as outlined in this notification.

In connection with my application for employment with Rams Hill Golf Course, I understand that any offer for employment will be conditional upon my taking and passing a post-offer/pre-employment drug and/or alcohol test. I further understand that if I pass such pre-employment drug and/or alcohol test and become employed by the Company that I may be subject to subsequent drug and/or alcohol testing during my employment under the following circumstances as the Company may decide:

1. When a reasonable suspicion exists that I am under the influence of any illegal drug or alcohol in violation of the Company's Substance Abuse Policy. Reasonable suspicion means suspicion based on information regarding, among other things, the appearance, behavior, speech, attitude, mood and/or breath odor of any employee;
2. When I am found in possession of alcohol or illegal drugs in violation of the Company's Substance Abuse Policy, or when any of those items are found in any area controlled or used by me, such as a desk or locker;
3. After I have been referred by the Company for chemical dependency treatment or evaluation, or while I am or after I have participated in a chemical dependency treatment program under an employee benefit plan;
4. If required under Department of Transportation regulations;
5. If I hold a sensitive position (according to Department of Defense regulations), or am involved in safety-sensitive functions or hazardous job sites, testing may include post-accident, random, reasonable suspicion, alcohol and drug screening; and
6. For any other reasons permitted or required by law.

I UNDERSTAND AND AGREE TO PRE-EMPLOYMENT TESTING AND POST-EMPLOYMENT TESTING WHICH MAY BE CONDUCTED TO DETERMINE THE PRESENCE OF ALCOHOL AND/OR DRUGS, INCLUDING, WITHOUT LIMITATION, MARIJUANA, COCAINE, OPIATES, PHENCYCLIDINE (PCP) AND AMPHETAMINES OR METABOLITE OF THOSE DRUGS IN MY SYSTEM UNDER THE NATIONAL INSTITUTE FOR DRUG ABUSE (NIDA) GUIDELINES. I VOLUNTARILY, KNOWINGLY AND UNCONDITIONALLY RELEASE ANY NAMED OR UNNAMED PARTIES, THE COMPANY, QUEST CLINICAL LABORATORY, LABORATORY CORP. OF AMERICA, AND/OR ENTITY OR PERSON REVIEWING THE TEST RESULTS, ANY MEDICAL REVIEW OFFICER INTERPRETING TEST RESULTS, AND INFOLINK SCREENING SERVICES, INC. FROM ANY AND ALL LIABILITY, ACTION, OR CLAIM WHICH MIGHT ARISE OR RESULT FROM THE TESTS FOR DRUGS AND/OR ALCOHOL, THE USE OF THE TEST RESULTS, OR THE DISCLOSURE OF THE TEST RESULTS. THIS AUTHORIZATION SHALL BE VALID FOR ONE YEAR FROM THE DATE SIGNED AND SHALL AUTOMATICALLY RENEW FOR SUCCESSIVE ONE YEAR TERMS AT EACH ANNIVERSARY DATE UNLESS WRITTEN NOTICE NOT TO RENEW IS PROVIDED BY ME TO THE COMPANY THIRTY DAYS PRIOR TO EACH ANNUAL ANNIVERSARY. A PHOTOGRAPHIC OR FAXED COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

I agree that I may refuse to take the drug and/or alcohol tests, but that if I do so the Company and/or management staff of the Company may in its sole discretion deny me employment or terminate my employment immediately for such refusal. The Company and/or management staff of the Company also may in its sole discretion deny me employment or terminate my employment immediately if the confirmed results of any such tests are positive for drugs or alcohol (provided any timely confirmatory re-test obtained by me of the original sample in accordance with the Substance Abuse Policy does not contradict the original confirmatory positive test result).

I hereby agree to submit to such post-offer/pre-employment and post-hire drug and alcohol testing and authorize the lab performing the test, any medical review officer who may review the results, or the Company to release any results to parties who have a "need to know" such results. I hereby agree to submit to such post-offer/pre-employment and post-hire drug and alcohol testing.

(Please Print)

Last Name _____ First Name _____ Middle Initial _____

Home Address _____

City _____ State _____ Zip _____

Social Security # _____ Phone _____ E-mail _____

(Please Sign)

Signature _____ Today's Date _____

Un Empleador de Oportunidad Uniforme

Conteste las preguntas por completo y con tinta

PUESTO DESEADO:	FECHA QUE PUEDE COMENZAR?	SUELDO DESEADO:	FECHA DE SOLICITUD:
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APELLIDO:	NOMBRE::	SEGUNDO NOMBRE::	NUMERO DE SEGURO SOCIAL	TELEFONO DE SU CASA: ()
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DOMICILLO:	# APARTAMENTO	CIUDAD:	ESTADO:	CÓDIGO POSTAL:	TELEFONO DEL TRABAJO ()
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TIENE PARIENTES O AMIGOS QUE TRABAJAN PARA LA COMPAÑÍA? <input type="checkbox"/> NO <input type="checkbox"/> SI DE SER "SI" NOMBRES Y RELACIÓN:	QUIEN LE RECOMENDÓ NUESTRA COMPAÑÍA/ AGENCIA? HA TRABAJADO ALGUNA VEZ PARA ESTA COMPAÑÍA? NOMBRE DE COMPAÑÍA? <input type="checkbox"/> NO <input type="checkbox"/> SI
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ANTICIPA ESTAR FUERA DEL TRABAJO POR ALGUNA RAZÓN? <input type="checkbox"/> NO <input type="checkbox"/> SI EXPLIQUE?:	PUEDE CUMPLIR CON TODOS LOS REQUERIMIENTOS DE ASISTENCIA? TRABAJANDO SOBRE-TIEMPO? <input type="checkbox"/> NO <input type="checkbox"/> SI VIAJAR? <input type="checkbox"/> NO <input type="checkbox"/> SI
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SI LE CONTRATAN, TIENE TRANSPORTE DE CONFIANZA PARA IR Y VENIR DEL TRABAJO? <input type="checkbox"/> NO <input type="checkbox"/> SI	ÚNICAMENTE PARA EMPLEOS DE TRANSPORTE? <input type="checkbox"/> NO <input type="checkbox"/> SI DE SER "SI", # NUMERO, ESTADO Y EXPIRACIÓN, FECHA
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SI LO REQUIERE EL TRABAJO TIENE LICENCIA DE CONDUCIR VALIDA?, HA TENIDO SU LICENCIA DE -MANEJO SUSPENDIDA, O REVOCADA EN LOS ÚLTIMOS 3 AÑOS? NO SI
 DE SER "SI", POR FAVOR EXPLIQUE:

DISPONIBLE PARA TRABAJAR: TIEMPO COMPLETO MEDIO TIEMPO / CUANTAS HORAS? _____ TEMPORAL / HASTA CUAL FECHA? _____

SI LE CONTRATÁRAMOS PUEDE PROPORCIONAR PRUEBAS QUE DEMUESTREN SU DERECHO A TRABAJAR LEGALMENTE EN LOS ESTADOS UNIDOS? <input type="checkbox"/> NO <input type="checkbox"/> SI (SI LE OFRECEN EMPLEO ES REQUERIDO DEMONSTRAR PRUEBAS DE TRABAJAR LEGALMENTE EN LOS ESTADOS UNIDOS)	TIENE 18 AÑOS DE EDAD? <input type="checkbox"/> NO <input type="checkbox"/> SI	SI LE CONTRATÁRAMOS PUEDE DEMONSTRAR PRUEBA DE EDAD? <input type="checkbox"/> NO <input type="checkbox"/> SI
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ESCUELA	UBICACIÓN DE LA ESCUELA	MARQUE EL GRADO MÁS ALTO QUE TERMINÓ?	UNIDADES	TITULO O DIPLOMA	ESTUDIO
ESCUELA PRIMARIA		(5 6 7 8) 9 10 11 12		GRADUO? <input type="checkbox"/> NO <input type="checkbox"/> SI	
ESCUELA SUPERIOR		(1 2 3 4) 1 2			
COLEGIO/UNIVERSIDAD		1 2 3 4			
ESCUELA COMERCIAL /TECNICA		1 2 3 4			

HA SERVIDO EN LAS FUERZAS ARMADAS DE LOS ESTADOS UNIDOS? <input type="checkbox"/> NO <input type="checkbox"/> SI DE SER "SI", CUAL?:	DE SER "SI", FECHAS? DESDE: _____ HASTA: _____	PUESTO FINAL
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CAPACIDADES RELATIVAS A LA POSICIÓN DESEADA:

IDIOMA EXTRANJERO (INDIQUE SU CAPACIDAD PARA HABLARLO, LEERLO Y ESCRIBIRLO). _____ <input type="checkbox"/> LEER <input type="checkbox"/> ESCRIBIR <input type="checkbox"/> HABLAR _____ <input type="checkbox"/> LEER <input type="checkbox"/> ESCRIBIR <input type="checkbox"/> HABLAR	CAPACIDAD EN COMPUTADORAS – MARQUE LO QUE LE CORRESPONDE: <input type="checkbox"/> WORD <input type="checkbox"/> EXCEL <input type="checkbox"/> GOLDMINE <input type="checkbox"/> PAY PLUS <input type="checkbox"/> POWERPOINT <input type="checkbox"/> ACCESS <input type="checkbox"/> WINDOWS 95/98 <input type="checkbox"/> QUICKBOOKS <input type="checkbox"/> ADD-ON <input type="checkbox"/> INTERNET INDIQUE OTROS PROGRAMAS:
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LE HAN ENCONTRADO CULPABLE DE UN DELITO MAYOR? (CONDENAS RELACIONADAS AL USO DE MARIHUANA QUE TIENEN MÁS DE DOS AÑOS, NO NECESITA APUNTA.)
 NO SI
 DE SER "SI", INDIQUE EL CARGO, FECHAS Y DISPOSICIÓN DEL CASO.

HA TRABAJADO O EN LA ESCUELA HA USADO ALGUNA VEZ UN NOMBRE DIFERENTE ? NO SI
 DE SER "SI", APUNTE NOMBRE(S) QUE HA USADO.

ALGUNA VEZ HA SIDO DESPEDIDO CONTRA SU VOLUNTAD O LE HAN PEDIDO QUE RENUNCIE? NO SI

LE HAN DADO FIANZA? NO SI LE HAN NEGADO FIANZA? NO SI
 DE SER "SI", POR QUÉ RAZÓN?:

SI ES NECESARIO, PUEDE TOMAR UN EXAMEN DE DROGA ANTES DEL CONTRATO DE EMPLEO? NO SI

HAY ALGUNA RAZÓN QUE USTED CREA QUE NO PUEDA CUMPLIR CON LAS RESPONSABILIDADES DEL EMPLEO EN UNA FORMA SEGURA? NO SI, EXPLIQUE:

HAY ALGUNA ACOMODACIÓN QUE RAZONABLEMENTE SE PODRÁ IMPLEMENTAR PARA QUE PUEDA LLEVAR A CABO LAS RESPONSABILIDADES DEL TRABAJO QUE ESTÁ SOLICITANDO?
 NO SI, EXPLIQUE:

UN FALLO DE INFORMACIÓN NO NECESARIAMENTE LO DESCALIFICA PARA EL PUESTO.

INDIQUE TODO EMPLEO SOBRE LOS ÚLTIMOS 10 AÑOS. INCLUYA SERVICIO MILITAR O PERIODOS DE DESEMPLEO. PARA HISTORIA DE EMPLEO ADICIONAL USE EL SUPLEMENTARIO ADICIONAL DE EMPLEO. ES NECESARIO COMPLETAR LA SIGUIENTE SECCIÓN. AUN CUANDO INCLUYE UN RESUMEN.

NOMBRE DE LA COMPAÑÍA (empiece con el último o más reciente) (podemos ponernos en contacto con este empleo? <input type="checkbox"/> No <input type="checkbox"/> Sí)	RESPONSABILIDADES:
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DOMICILIO	CIUDAD	ESTADO	CODIGO POSTAL
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NOMBRE DEL SUPERVISOR	TELÉFONO	Aproximado cuantos días ausente del trabajo cada año No cuente días de vacación:
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FECHAS DE EMPLEO (incluye el mes y el año) Desde mes/año:	hasta mes/año:	SUELDO Sueldo inicial \$	sueldo final \$	TIEMPO COMPLETO <input type="checkbox"/>	MOTIVO PORQUE SE FUE: MEDIO TIEMPO <input type="checkbox"/>
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NOMBRE DE LA COMPAÑÍA (empiece con el último o más reciente)(podemos ponernos en contacto con este empleo? <input type="checkbox"/> No <input type="checkbox"/> Sí)	RESPONSABILIDADES:
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DOMICILIO	CIUDAD	ESTADO	CODIGO POSTAL
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FECHAS DE EMPLEO (incluye el mes y el año) Desde mes/año:	hasta mes/año:	SUELDO Sueldo inicial \$	sueldo final \$	TIEMPO COMPLETO <input type="checkbox"/>	MOTIVO PORQUE SE FUE: MEDIO TIEMPO <input type="checkbox"/>
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NOMBRE DE LA COMPAÑÍA (empieza con el último o más reciente)(podemos ponernos en contacto con este empleo? <input type="checkbox"/> No <input type="checkbox"/> Sí)	RESPONSABILIDADES:
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DOMICILIO	CIUDAD	ESTADO	CODIGO POSTAL
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NOMBRE DEL SUPERVISOR	TELÉFONO	Aproximado cuantos días ausente del trabajo cada año No cuente días de vacación:
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FECHAS DE EMPLEO (incluye el mes y el año) Desde mes/año:	hasta mes/año:	SUELDO Sueldo inicial \$	sueldo final \$	TIEMPO COMPLETO <input type="checkbox"/>	MOTIVO PORQUE SE FUE: MEDIO TIEMPO <input type="checkbox"/>
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INDIQUE ABAJO, TRES PERSONAS QUE NO SEAN PARIENTES QUE TIENEN RECONOCIMIENTO DE SU TRABAJO DURANTE LOS ÚLTIMOS TRES AÑOS.

NOMBRE Y OCUPACIÓN	DOMICILIO	TELÉFONO #	AÑOS DE CONOCIDO

INICIALES

DECLARACIONES

- _____ Certifico que la información indicada en mi solicitud es verdadera y completa. Autorizo a **ModernHR/CLIENTE** a verificar y proporcionar mis declaraciones de información en esta solicitud de empleo (**excepto cuando expresamente indicado**). Entiendo que cualquier falsedad u omisión me descalificara de cualquier consideración adicional para empleo, y de descubrirse más adelante, será justificación para despido.
- _____ Comprendo que una investigación puede conducir un chequeo de su pasado o crédito con más detalle, autorizo esa investigación. Comprendo que toda oferta de trabajo es a condición de que la compañía pueda proporcionar pruebas documentales satisfactorias de mi identidad y de mi derecho legal de trabajar en Estados Unidos.
- _____ Comprendo que como condición para obtener empleo pudieran requerir que me someta a un examen físico, después de la oferta y antes de comenzar el empleo. El examen puede incluir una prueba de alcohol y drogas. Entiendo que la oferta de empleo o el continuo de mi empleo, si contratado, es estar físicamente, mentalmente, y medicamente capaz, con o sin un acomodo razonable, para prósperamente poder cumplir con las responsabilidades esenciales de mi trabajo. Autorizo a la compañía el conocimiento de toda información médica si es necesario para juzgar mi capacidad para cumplir con el deber de la posición en cual solicito.
- _____ Comprendo que ni en el contenido de esta solicitud, ni en el proceso de entrevistas hay algo que intente crear un contrato entre **ModernHR/CLIENTE** y yo, ya sea para empleo o para el suministro de algún beneficio. Acepto que mi empleo es a voluntad y que los Términos del empleo pueden cambiar con o sin motivo, con o sin aviso, incluyendo pero sin limitarse a despido, descenso, ascenso, traslados, compensación, beneficios, obligaciones y lugar de trabajo, en cualquier momento, por cualquier motivo, a opción mía o de **ModernHR/CLIENTE**. Esto constituye mi acuerdo total con **ModernHR/CLIENTE** respecto a la duración de mi empleo.
- _____ Comprendo que toda disputa relacionada con mi empleo con **ModernHR/CLIENTE**, incluyendo alguna disputa relacionada a la terminación de mi empleo, son sujetas al proceso de trato uniforme, cual incluye arbitraje final y obligatorio. También entiendo y acepto como condición de empleo, a someter cualquier disputa para resolución bajo este proceso, adicional estoy de acuerdo y acepto la decisión de los jurados de arbitraje como la decisión final y la resolución de cualquier disputa que tengo.

POR FAVOR LEER CADA DECLARACION CUIDADOSAMENTE ANTES DE FIRMAR. Por mi firma certifico que he leído y que entiendo todas las declaraciones anteriores.

FIRMA DEL SOLICITANTE: _____ FECHA: _____