



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

(Application will remain active for 30 days)

Position Applied For: _____ Referral Source _____

NAME: _____ SOCIAL SECURITY #: _____

ADDRESS: _____ PHONE: (____) _____
Last First M.I. Street City State Zip

Are you at least 18 years of age? Yes No

Are you a U.S. Citizen or legally authorized to work in the U.S.? Yes No

Date you are able to start work: _____

May we contact your current employer? Yes No

Are you on layoff status or subject to recall elsewhere? Yes No

Pay Expected: \$ _____ per _____

If hired, how long do you plan to continue working for the company? _____

Do you wish to work: Full-time Part-time Temporary

Are you willing and available to work? On call Days Evenings Nights Overtime Weekends Holidays

If applying for a job that requires one, do you have a valid driver's license and insurance? Yes No

Do you smoke? Yes No

Have you been convicted of a felony or misdemeanor?* Yes No

If so, explain _____

* A "yes" answer will not necessarily bar applicant from employment.

Have you previously applied with us? Yes No

When _____

Have you previously worked with us? Yes No

When _____

Are any of your records under a different name? Yes No

If so, what name _____

Do you have any relatives working for us? Yes No

If so, who? _____

Is there any reason you might be unable to meet our attendance requirements? Yes No

If yes, please explain _____

EDUCATION/ TRAINING	Name and Location of School	Did You Graduate?	Subjects Studied
High School			
College			
Other Training (particularly that led to license or certification)			

Are you taking or do you plan to take any additional education? If so, what? _____

SKILLS / ABILITIES:

List any machines you are skilled in using: _____

List any skills or abilities you have which are pertinent to the position, including hobbies or related interests: _____

JOB REQUIREMENTS: Will you be able to perform the essential functions of the job, with or without reasonable accommodation?
 Yes No

PLEASE LIST WORK EXPERIENCE, INCLUDING MILITARY AND VOLUNTEER EXPERIENCE

Present or Last Employer:

Address: _____ Phone: () _____

Start Date: _____ Leaving Date: _____ Supervisor: _____ Rate of Pay \$ _____

Job Title & Duties: _____

Why Did You Leave? _____

Previous Employer:

Address: _____ Phone: () _____

Start Date: _____ Leaving Date: _____ Supervisor: _____ Rate of Pay \$ _____

Job Title & Duties: _____

Why Did You Leave? _____

Previous Employer:

Address: _____ Phone: () _____

Start Date: _____ Leaving Date: _____ Supervisor: _____ Rate of Pay \$ _____

Job Title & Duties: _____

Why Did You Leave? _____

PERSONAL REFERENCES

Name: _____ Phone: () _____

Address: _____

Occupation: _____ How Long Known: _____

Name: _____ Phone: () _____

Address: _____

Occupation: _____ How Long Known: _____

PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING THIS APPLICATION

1. As a final step in the hiring process, an applicant may be subject to an employment entrance exam that may include screening for illegal drugs. Applicants who confirm positive on drug screening will not be considered for employment. If a job offer is made, it may be made contingent upon the successful passing of a physical.
2. **I CERTIFY** that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false, misleading or incomplete statements on this application shall be grounds for dismissal.
3. **I AUTHORIZE** the company to investigate information concerning my previous employment, education and background. I further release all parties from all liability for any damage that may result from furnishing or receiving such information.
4. **I UNDERSTAND** and agree that my employment and compensation may be terminated at any time without prior notice, with or without cause, at the option of the company or myself, and understand that no representative of the company, other than the President, has authority to enter into any agreement contrary to the foregoing.
5. **I UNDERSTAND** that all company property must be returned and any indebtedness to the company must be paid on or before my last day of work. I authorize the company to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

Date _____ Signature of Applicant _____

APPLICANT EEO or AFFIRMATIVE ACTION INFORMATION

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. Various agencies of the government require employers to invite applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

PLEASE PRINT

Name: _____ Date: _____
 LAST FIRST MI

Position Applied for: (List *only one*) _____

What is your race/ethnic origin?

- White
- Hispanic
- American Indian/Alaskan Native
- Black/African American
- Asian/Pacific Islander

What is your gender?

- Male
- Female

Addendum to Employment Application

Our employment process includes a mandatory drug screen for those applicants considered for employment. The drug screen includes a urine test for amphetamines, barbiturates, benzodiazepine, cocaine, marijuana, opiates, and PCP.

We have taken a zero-tolerance stance on drug usage for our company. Please be aware that many drugs can stay in the system for substantial lengths of time.

If there is a probability that your drug screen will render a positive result, we ask that you do not submit an application or proceed with an interview.

Pre-Employment Drug Screen Consent/Release Form

I, _____, understand that I will be required to submit to a pre-employment drug screen to be considered for employment, and that SCS Refrigerated Services, LLC has adopted a zero-tolerance stance on drug usage for our company.

I further understand that if I decline to sign this consent form and thereby decline to take the required drug screen, my application for employment will be rejected.

Finally, I understand that if I give my consent to submit to a pre-employment drug screen, the test results will be released to authorized company personnel for appropriate review. I agree to allow the release of such information.

I do () do not () voluntarily consent to submit to a pre-employment drug screen.

Signature of applicant

Date

SCS use only:

Date of drug screen: _____ Time: _____

Physician's Name: _____

Physician's Address: _____

WAIVER

Authorization to obtain records
and other information for employment purposes

To the applicant: This form must be filled out completely. Leave no blanks. Direct any questions to the employment office. **READ ALL INFORMATION CAREFULLY BEFORE SIGNING.**

I hereby authorize **SCS Refrigerated Services, Inc.** to utilize the services of an outside agency to make an investigation of my personal employment history, education and financial and credit records. **If financial and or credit records will be requested, I acknowledge I have received notification of how this record is substantially related to the position I am applying for.** I understand that these investigations will include information of public record, which could include DMV records; civil and criminal court records; county, state and federal tax liens; notices of default and bankruptcies, and other records as may be appropriate. Previous employment references will also be verified. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement or omission of information on my application form may result in my termination. I further understand that this application is not intended to be a contract of employment, nor does this application serve as an obligation in any way to employ me or not to employ me.

I hereby fully waive any rights or claims I have or may have against all current and/or former employers, and their agents, employees, and representatives and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against you and any outside agency utilized by you as a result of any information which is obtained in this investigation.

Yes _____ No _____
Signature & Date Signature & Date

**A photocopy of this authorization shall be deemed an original
and shall be accepted as such by every person.**

PLEASE PRINT CLEARLY

Name Last	First	Middle
Other Names Used	Maiden names, aliases, nicknames	Phone
Address	Date of Birth	
City/State/Zip	Social Security Number	
Driver License Number	State	Type

As a current resident of California, Oklahoma or Minnesota I wish to receive a copy of the report.

(Circle one) Yes No

**Combined FCRA Disclosure Notice and Authorization
Regarding Background Consumer Reports**

Disclosure

A consumer report and/or investigative consumer report, in accordance with the Fair Credit Reporting Act (FCRA) and all state and federal laws, may be obtained in connection with your application for and/or continued employment with the employer. The consumer report may include information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living and/or credit and indebtedness

A consumer report and and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the employer. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made.

Upon timely written request of the personnel department of the employer, and within five days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed you. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the FCRA.

Authorization

Read, acknowledged and authorized.

Signature _____ Date _____

Printed Name _____

For California applicants only, if you like to receive a copy of the report, if one is obtained, please check here: .

For Minnesota or Oklahoma applicants only, if you like to receive a copy of the consumer report, if one is obtained, please check here: .

SCS Refrigerator Services, LLC

Background Questionnaire

Please Print Clearly and Provide All Information. You Must Sign and Date this Document. Use Additional Sheets or the Back of this Form, if Required.

Position Applied for

Personal Information

Last Name	First Name	Middle Name	SSN
Phone No.	Driver's License No.	State of Issue	Date of Birth*
List Any Other Names Used			

Residential History, Present and Former Addresses

Street Address	City	State	Zip Code	County	
Street Address	City	State	Zip Code	County	From/To (Dates)

Criminal History. You MUST Answer Each of the Following Three Questions by Checking Yes or No**

- Yes No 1. Have you been convicted of a crime?
- Yes No 2. Have you received an alternative adjudication for which the deferral period, parole, probation, or court supervision ended within the past seven years?
- Yes No 3. Do you have any open warrants or charges pending against you?

→ If You Answered "Yes" to Any of These Three (3) Questions, Provide Details Below:

County	City	State	Date	Charge	Disposition
County	City	State	Date	Charge	Disposition

Professional License or Certification

Type	Issued By	Date Issued	License/Certificate No.	Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type	Issued By	Date Issued	License/Certificate No.	Current? <input type="checkbox"/> Yes <input type="checkbox"/> No

Educational History

High School	City	State	Degree/Major	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	From/To (Dates)
College	City	State	Degree/Major	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	From/To (Dates)
Graduate School	City	State	Degree/Major	Graduated?	From/To (Dates)

*You are requested to provide your date of birth on this form. The date of birth is needed to verify an applicant's criminal and driving histories. The Federal Age Discrimination in Employment Act of 1967 prohibits discrimination in employment on the basis of age, and date of birth information will only be used for legal purposes.

**Conviction of a crime is not an absolute bar to employment. Factors such as the age of the offense, evidence of rehabilitation, seriousness of the violation and job-relatedness are considered in all employment decisions.

Authorization, Release, Acknowledgement and Certification

I hereby authorize and request, without reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or any other persons or agencies having knowledge about me to furnish Alliance 2020 with any and all background information in their possession regarding me, in order that my employment qualifications may be evaluated. Furthermore, I release all parties mentioned above from any liability and responsibility for doing so.

I also authorize the procurement of a consumer report and/or an investigative consumer report for the purpose of consideration for employment. This authorization, in its original form, fax or copy (mechanical or digital) shall be valid for this and all future consumer reports and/or investigative consumer reports or updates that may be deemed necessary subsequent to an offer of employment and/or my employment with this firm. I acknowledge that I have been provided a separate combined disclosure and authorization regarding consumer and/or investigative consumer reports pursuant to the requirements of the Fair Credit Reporting Act (FCRA). I certify that all information I have provided is truthful, complete and correct to the best of my knowledge. I understand that misrepresentation, omissions or false statements, when discovered, will result in a refusal to hire, or if hired, may result in my dismissal at any time.

Signature

Printed Name

Date