

**THANK YOU FOR APPLYING WITH CLELAND SITE PREP INC**

**PLEASE FILL OUT ALL LINES AND SIGN ALL REQUIRED PLACES OF THE APPLICATION AND ADDITIONAL ATTACHED PAGES.**

**IN ADDITION TO THE APPLICATION WE WILL NEED A LEGIBLE COPY OF YOUR SIGNED SOCIAL SECURITY CARD, STATE DL/ID, AND MEDICAL DOT CARD (IF APPLYING FOR A CDL POSITION).**

**CLELAND SITE PREP INC. WILL NOT BE ABLE TO ACCEPT ANY APPLICATIONS WITHOUT ALL THE REQUIRED PAPERWORK.**

**CLELAND SITE PREP, INC.**

**APPLICATION FOR EMPLOYMENT**

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

**PERSONAL INFORMATION**

Date:

Social Security Number:

Name:

Last

First

Middle

Present Address:

Street

City

State

Zip

Permanent Address:

Street

City

State

Zip

Phone Number:

E-mail Address:

How Did You Hear About Us:

Referred By:

Are you 18 years of age or older?  Yes  No

**EMPLOYMENT DESIRED**

Position:

Date You Can Start

Salary Desired

Are You Employed Now ?

Yes  No

If So May We Inquire of Your Present Employer?

Yes  No

Ever Applied to this

Company Before?  Yes  No

When?

Ever Employed by this

Company Before?  Yes  No

When?

**EDUCATION**

Name and Location of School

Circle Last Year Completed

Did You Graduate ?

Subjects Studied and Degree(s) Received

Name and Location of School	Circle Last Year Completed	Did You Graduate ?	Subjects Studied and Degree(s) Received
Grammar School	1 2 3 4		
High School	1 2 3 4		
College	1 2 3 4		
Trade School	1 2 3 4		

**GENERAL**

Subjects of Special Study or Research Work

Job Related Skills (typing, driver's license, etc.)

Activities Other Than Religious (Civic, Athletic, etc.)

Exclude organizations, the name or character of which indicates the race, sex, color or national origin of its members

**FORMER EMPLOYERS**

List below your last four employers, starting with the last one first.

Date Month & Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

**REFERENCES**

List below three persons not related to you, whom you have known at least one year.

Name	Address	Position	Years Acquainted
1.			
2.			
3.			

If you are to be hired by the company, you will be required to attest your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

## **AUTHORIZATION**

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed terms, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filing out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

**Date**

**Signature**

**CLELAND SITE PREP INC**  
**DISCLOSURE AND AUTHORIZATION**

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**AUTHORIZATION TO OBTAIN INFORMATION**

Under the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit the above named company to obtain information about me, where permitted, which may pertain to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers' compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. I authorize information to be obtained from my former employers to satisfy driver qualification regulations.

**DOT Drivers.** I understand that Title 49 of the Federal Code of Regulations, § 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information including former employers, and/or from or through a consumer reporting agency, such as iIX (Insurance Information Exchange), a Verisk Analytics Business.

I understand and acknowledge that the information provided in the consumer reports or investigative consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employee.

I further understand that, under the FCRA, in the event of Adverse Action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

\_\_\_\_\_  
Applicant's / Employee's Full Name (Print clearly)

\_\_\_\_\_  
Applicant's/Employee's Signature

\_\_\_\_\_/\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Human Resources Dept

\_\_\_\_\_  
Date

DISCLOSURE REGARDING CONSUMER  
AND/OR INVESTIGATIVE REPORT

*\*\*As the employer or user of consumer reports, it is your responsibility to ensure compliance with all of the relevant federal, state and local laws governing this area. We strongly recommend that prior to use, you consult with an attorney.*

Requesting Company Name: CLELAND SITE PREP, INC.

The "Requesting Company" may obtain information about you for employment purposes from a third party consumer reporting agency. A "consumer report" and/or an "investigative consumer report" may include information about your character, general reputation, personal characteristics, and mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Further, you understand that information may be requested from various Federal, State, County and other agencies that maintain records concerning your past activities relating to your driving, criminal, civil, education, credit, and other experiences. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable period of 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 employment and/or education history. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law, unless you otherwise revoke your consent by providing written notification to Company. 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.

The consumer and/or investigative consumer report(s) will be obtained from:  
24/7 Background Check LLC, PO Box 741733, Dallas, Texas 75374, Tel: (877) 556-5135 or (214) 206-3565

<b>California applicants or employees only:</b> Please check the appropriate box below if you would like to receive a copy of your investigative consumer report or consumer credit report at no charge.
<b>Minnesota and Oklahoma applicants or employees only:</b> Please check the appropriate box below if you would like to receive a copy of your consumer report free of charge.
<b>New York and Maine applicants or employees only:</b> You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.
<b>New York applicants or employees only:</b> Upon request, you will be informed whether or not a consumer report was requested by Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.
<b>Oregon applicants or employees only:</b> Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.
<b>Washington State applicants or employees only:</b> You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

For California, Oklahoma or Minnesota employees and applicants: Please check the appropriate box to indicate if you would like to receive a copy of your consumer report free of charge.

- Yes
- NO

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**CLELAND SITE PREP INC ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK**

*\*\*As the employer or user of consumer reports, it is your responsibility to ensure compliance with all of the relevant federal, state and local laws governing this area. We strongly recommend that prior to use, you consult with an attorney.*

Print Name: \_\_\_\_\_

Other Known Names: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Drivers License Number: \_\_\_\_\_ Issued State: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Requesting Company, Cleland Site Prep Inc., 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, local, 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 **24/7 Background Check LLC, PO Box 741733, Dallas, Texas 75374**, another outside organization acting on behalf of the Requesting Company, and/or the Company itself.

I acknowledge receipt of the below documents and certify that I have read and understand both of those documents.  
(Please initial below)

\_\_\_\_\_ **DISCLOSURE REGARDING CONSUMER AND/OR INVESTIGATIVE REPORT**  
I have received the Disclosure Regarding Consumer and/or Investigative Report

\_\_\_\_\_ **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (FCRA)**  
I have read and received the Summary of Your Rights, and if a California resident/applicant  
**A Summary of Your Rights under the Provisions of California Civil Code §1786.22.**

*I understand such notices, documents, and communications may be provided electronically and will meet the requirements set forth under Federal and/or State law, as permitted by law. I agree that a facsimile ("fax"), electronic or printout of this authorization may be accepted with the same authority as the original.*

**California applicants or employees only:** By signing below, you also acknowledge receipt of A SUMMARY OF YOUR RIGHTS UNDER THE PROVISIONS OF CALIFORNIA CIVIL CODE §1786.22.

**New York applicants or employees only:** By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

I understand by signing my name below, I am authorizing the background check as described above:

(Signature)

(Date)

\_\_\_\_\_  
Human Resources Signature

\_\_\_\_\_  
Date