

# CHIPMAN CORPORATION

## APPLICATION FOR EMPLOYMENT

**AN EQUAL  
EMPLOYMENT  
OPPORTUNITY  
COMPANY**

Please print in dark ink and complete all sections.

Date: \_\_\_\_\_

Name \_\_\_\_\_ Social Sec. # \_\_\_\_\_

Have you ever used another name? If yes, please explain. \_\_\_\_\_

Position Desired \_\_\_\_\_ [ ] Full Time [ ] Part Time Hrs. \_\_\_\_\_ [ ] Temporary

Tel. No. (Work) (\_\_\_\_) \_\_\_\_\_ (Home) (\_\_\_\_) \_\_\_\_\_ (Message) (\_\_\_\_) \_\_\_\_\_

Date Available \_\_\_\_\_ Monthly Salary Expected \_\_\_\_\_

### HOME ADDRESSES FOR THE LAST 7 YEARS

STREET ADDRESS	CITY	STATE	ZIP	MO	YR	to	MO	YR
						-		
						-		
						-		
						-		

• If employed, can you verify your legal right to work in the United States? Yes \_\_\_\_ No \_\_\_\_

• If position applied for requires operation of a vehicle do you have a valid license? Yes \_\_\_\_ No \_\_\_\_ Class of License \_\_\_\_\_

If yes: State of Issue \_\_\_\_\_ License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

• Do you have friends or relatives working for this company? Yes \_\_\_\_ No \_\_\_\_

If yes, state name(s) and nature of relationship \_\_\_\_\_

• Have you ever been convicted of a crime? Yes \_\_\_\_ No \_\_\_\_

If yes: County \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Charge \_\_\_\_\_

Sentence \_\_\_\_\_

(A conviction will not necessarily disqualify you from employment).

Person to be contacted in case of emergency:

Name \_\_\_\_\_ Tel. No. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

### EDUCATION

COMPLETE NAME OF SCHOOL & ADDRESS	FULL YEARS COMPLETED	GRADUATED		DEGREE OR DIPLOMA
		YES	NO	
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
VOCATIONAL				

**WORK HISTORY PAST 7 YEARS - LIST IN ORDER OF MOST RECENT EMPLOYER FIRST. IF SELF EMPLOYED, LIST 2 CUSTOMERS. AND 2 CREDIT REFERENCES.**

SHOW DATES AND MO. SALARY		SHOW:		SHOW:	
		1. NAME OF EMPLOYER 3. ADDRESS OF EMPLOYER		2. PHONE NUMBER 4. DESCRIPTION OF DUTIES	
				1. YOUR JOB TITLE 2. NAME OF SUPERVISOR 3. REASON FOR LEAVING	
FROM MO/YR	TO MO/YR	1.	2. ( )	1.	
		3.		2.	
START \$	FINAL \$	4.		3.	
May we contact you present employer? Yes ____ No ____					
FROM MO/YR	TO MO/YR	1.	2. ( )	1.	
		3.		2.	
START \$	FINAL \$	4.		3.	
FROM MO/YR	TO MO/YR	1.	2. ( )	1.	
		3.		2.	
START \$	FINAL \$	4.		3.	
FROM MO/YR	TO MO/YR	1.	2. ( )	1.	
		3.		2.	
START \$	FINAL \$	4.		3.	
FROM MO/YR	TO MO/YR	1.	2. ( )	1.	
		3.		2.	
START \$	FINAL \$	4.		3.	

Employment is subject to the passing of a physical examination and drug and alcohol screen given by a designated physician, and the receipt of satisfactory references.

I certify that the information given herein is true and complete to the best of my knowledge. I authorize you to make such investigations and inquires of the information provided herein, and other matters related thereto, as may be necessary. I hereby release employers, schools and other persons, institutions or businesses from all liability in responding to inquiries in connection with my application. I understand that false or misleading information given in my application or during interviews may result in a refusal to hire, or discharge in the event of employment.

I understand and agree that, if hired, my employment is at will. I also understand that if I am hired my employment is for no definite period of time. I may terminate my employment at any time and may be dismissed at any time without prior notice. I further understand and agree that nothing in this application form shall constitute a contract of employment or shall constitute a contract or a guarantee of employment.

I also understand that any policies or procedures implemented by the company in the event of my employment are for purposes of operations only and are not intended to be nor constitute a contract for my employment. In addition, I understand that any of these policies or procedures may be changed at any time at the employer's discretion and without notice.

If we have not contacted you about employment within 90 days of this date, to receive further consideration for employment. It will be necessary for you to return to this office and complete another application.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

# CONSUMER AUTHORIZATION

I. I understand that an investigative report may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I understand that General Information Services, Inc., on behalf of **Chipman Relocations, its contractors and any affiliates**, from here on known as "Chipman Relocations," may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with **Chipman Relocations** consideration of me for employment, promotion or position re-assignment or contract now, or at any time during my tenure with **Chipman Relocations**, and give my full consent for this information to be obtained.

II. IF APPLICABLE, medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the **Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI)**, I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer reporting agency. If so, I will be notified and be given the name of the agency providing that report.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.

IV. I understand that if I am a resident of **Minnesota/Oklahoma (only)** I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box .

V. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by General Information Services, Inc. to furnish the information described in Section I.

VI. Communications with General Information Services, Inc. should be directed to PO Box 353, Chapin SC 29036 or (877) 590-4012.

## CANDIDATE COMPLETE THE FOLLOWING:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Please print full name

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

\_\_\_\_\_  
Month, Day and Year of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Driver's License Number and State

\_\_\_\_\_  
Name as it appears on License

Have you ever been convicted of a crime?  No  Yes If yes, please provide city and state of conviction and details of conviction.

### FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, General Information Services, Inc. cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. General Information Services, Inc.'s policy requires purchasers of these reports to have signed a Service Agreement. This assures General Information Services, Inc. that users are familiar with and will abide by their obligations, as stated in the FCRA, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the Candidate/employee contact General Information Services, Inc.

### NOTICE TO CALIFORNIA CANDIDATES

You have a right to obtain a copy of any consumer report or investigative consumer report obtained by **Chipman Relocations** by checking the box provided below. The report will be provided to you within three (3) business days after we receive the requested reports related to the matter investigated.

I request to receive a free copy of this report by checking this box.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by GIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at GIS in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.