Application for Employment

Please complete every section. Fields with a border can be typed into directly.

We are an equal opportunity employer. We comply with all applicable Federal, State, and Local laws concerning discrimination in employment. No question on this application is intended to elicit information in violation of any such law, nor will any information obtained be used in violation of any such law.

Position & Availability

Position(s) Applied For

Date of Application

Date Available for Work

Type of Employment Desired

- Full-Time
- Part-Time
- Temporary
- Seasonal
- Educational/Co-Op

Personal Information

Last Name

First Name

Middle Name

Street Address

City

State

Zip Code

Phone

Mobile / Other Phone

Email Address

Eligibility Questions

If you are under 18, and it is required, can you furnish a work permit? Yes No

If no, please explain

Have you ever been employed here before? Yes No

Are you legally eligible for employment in this country? Yes No

Are you able to meet the attendance requirements for the position? Yes No

Have you been convicted of a crime in the last (7) years? Yes No

If yes, please explain

Driver's license number if driving is an essential job function

Work Experience

List present and former employers, beginning with the most recent.

Employer 1

From | To | Employer | Phone

Address

Job Title | Immediate Supervisor & Title

Summarize the nature of work performed and job responsibilities

Reason for Leaving | Hourly Rate / Salary — Final $

○ Hour ○ Week ○ Month ○ Year

Employer 2

From | To | Employer | Phone

Address

Job Title | Immediate Supervisor & Title

Summarize the nature of work performed and job responsibilities

Reason for Leaving | Hourly Rate / Salary — Final $

○ Hour ○ Week ○ Month ○ Year

Employer 3

From | To | Employer | Phone

Address

Job Title | Immediate Supervisor & Title

Summarize the nature of work performed and job responsibilities

Reason for Leaving | Hourly Rate / Salary — Final $

○ Hour ○ Week ○ Month ○ Year

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you to perform the job-related functions of the position for which you are applying.

Record of Education (if job related)

Name and Location	Yrs. Completed	Graduated?	Course of Study
High School		○ Y ○ N	
College		○ Y ○ N	
Other		○ Y ○ N	

Personal References (not former employers or relatives)

Name	Phone	Years Known

Certification

I certify that the information contained in this application and in any resume provided by me or any party representing my interests is correct and complete to the best of my knowledge. I understand that any false statements, misrepresentations, or omissions made by me on this application or any supplement thereto will be sufficient grounds for rejection of this application or discharge after employment.

I give the employer the right to obtain pertinent information concerning me from former employers and others, and I release all those providing or requesting such information from any liability that may arise by truthful disclosure of such investigations.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. I also understand that if I'm hired, I will be required to provide proof of identity and legal work authorization.

Your signature (typed name) acknowledges you have read and agree to the material above.

Applicant's Signature _____ Date _____

I. I understand that investigative reports 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 backgroundchecks.com, on behalf of **Sinclair** may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with **Sinclair** 's consideration of me for employment, promotion or position re-assignment or contract now, or at any time during my tenure with **Sinclair** , and give my full consent for this information to be obtained.

II. I acknowledge that a telephone 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.

III. 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.

IV. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by backgroundchecks.com to furnish the information described in Section I.

V. Communications with backgroundchecks.com should be directed to PO Box 353, Chapin SC 29036 or (866) 300-8524.

Candidate — Please Complete the Following

Signature (typed name) _____ Today's Date _____

Print Name — First _____ Middle _____ Last _____ Maiden _____

Other Names Used _____

Current Address Since (Mo/Yr) _____ Street _____ City _____
State/Zip _____

Current Address Since (Mo/Yr) _____ Street _____ City _____
State/Zip _____

Current Address Since (Mo/Yr) _____ Street _____ City _____
State/Zip _____

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

Date of Birth _____ Social Security Number _____

Driver's License Number and State _____ Name as it appears on License _____

Have you ever been convicted of a crime? ○ Yes ○ No

If yes, please provide city and state of conviction and details _____

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, backgroundchecks.com 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. backgroundchecks.com's policy requires purchasers of these reports to have signed a Service Agreement. This assures backgroundchecks.com 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 candidate, have your Human Resources contact backgroundchecks.com.

Notice to California Candidates:

You have a right to obtain a copy of any consumer report or investigative consumer report obtained by Sinclair by checking the box provided below. The report will be provided to you within (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.