

Former Employers: List your last four employers below, starting with the most recent job first.

Month/Year From/To	Name/Address/Phone Number	Ending Salary	Position and Duties	Reason for Leaving
From/To				
From/To				
From/To				
From/To				

References: Give the names of three people not related to you, whom you have known at least one year.

Name	Address/Phone Number	Business	Years Acquainted

What position are you applying for? _____

What machinery/equipment can you operate? _____

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE FORMER EMPLOYERS, SCHOOLS, AND REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING ANY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ANY LIABILITY FOR DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Interviewed by _____ Date _____

Remarks: _____

NOTICE – BACKGROUND INVESTIGATION

In connection with your employment with HELDENFELS ENTERPRISES, INC. (the “Company”), notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for employment purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and Shield Screening 6810 East 121st St South, Bixby, OK 74008; Phone: 1-800-260-3738. For information about Shield Screening’s privacy practices, see www.shieldscreening.com. The scope of this notice and below authorization is not limited to the present and, if you are hired, will continue throughout the course of your employment and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below 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 the course of my employment, if applicable.

Signature: _____ Date: _____

Print Name: _____ Last Four Digits of SSN: _____

STATE LAW NOTICES AND DISCLOSURES – BACKGROUND INVESTIGATION

Pursuant to state law, the following disclosures are provided to state residents.

CALIFORNIA applicants or employees only: By signing below, you acknowledge receipt of the NOTICE – BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check the box if you would like to receive a copy of the investigative consumer report or consumer credit report, free of charge, if one is obtained by the Company.

Check box to receive report

NEW YORK applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting Protect My Ministry, 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618; Phone: 1-800-319-5581.

NEW YORK applicants or employees only: By signing below, you acknowledge receipt of a copy of [Article 23-A](#) of the New York Correction Law.

WASHINGTON applicants or employees only: You have the right to request from Protect My Ministry a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

MASSACHUSETTS, MINNESOTA and OKLAHOMA applicants or employees only: Please check the box if you would like to receive a copy of your consumer report, free of charge, if one is obtained by the Company.

Check box to receive report

Signature: _____

Date: _____

Print Name: _____

QUESTIONNAIRE REGARDING YOUR CONSUMER REPORT

In order to be able to obtain the most accurate information, this questionnaire helps our Agency to better identify information that does or does not relate to you. This document will not become party of your personnel file, if hired.

Please Print All Information:

Full Name:

First	Middle	Last	Suffix
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Social Security Number: _____

Date of Birth: _____ Gender: _____ Male _____ Female

Race: _____

Driver's License Number: _____ State of Issue: _____

Email address: _____

Address:

Addresses in last seven (7) years: (if you need more let us know):

Military Service: Yes _____ / No _____. If yes, date(s) of active duty:

Employment, if requested, in the last seven (7) years. List company name, location, phone number and contact:

The above is true and correct to the best of my knowledge:

Signature

Date

DISCLAIMER: This Notice – Background Investigation document is not intended as legal advice.