

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE – PLEASE PRINT)

SPECTRUM TRACER SERVICES, LLC

Start Date
Salary

ALL APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, PHYSICAL OR MENTAL DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.

Last Name	First	Middle	Date of Application	
Present Address – Street		City	State	Zip
Permanent Address – Street		City	State	Zip
Phone Number(s)			Social Security Number	

Position Desired: _____ Full Time Part Time
 Shift Work Temporary

Days/Hours Available to Work: No Preference ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun ___

How many hours can you work weekly? _____ Can you work nights? Yes No

Do you have a driver's license? Yes No

Driver's license No. _____ State of Issue _____ Operator ___ Commercial (CDL) ___ Chauffeur ___

Have you had any accidents during the past three years? Yes No How many? _____

Date You Can Start	Salary Desired	Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	May We Contact Your Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you have any relatives or friends who are employed by STS? Yes No List Name(s): _____

Have you been employed here previously? Yes No

Have you ever applied here before? Yes No If yes, give date:

If you answered yes to either of the above, state when and where you applied and/or worked.

Are you capable of performing the essential functions of this position as they have been outlined to you? Yes No

If not, you should advise us what function or functions you cannot perform and whether you believe you require an accommodation in order to perform the function(s).

Do you have the ability, with or without reasonable accommodations, to work overtime or to travel, if travel and/or overtime are required by the job for which you are applying? Yes No

Have you ever served in the Military? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Are you 18 years of age or older? Yes No
 Are you 21* years of age or older? Yes No
 *Must be a minimum of 21 years of age for positions requiring driving a company vehicle

Are you a United States citizen or do you have authorization to work in the United States?
 Yes No

What languages, other than English do you speak, read and/or write?

_____ Speak Write Read Degree of Fluency: _____
 _____ Speak Write Read Degree of Fluency: _____

Have you ever pled guilty, pled nolo contendere or been found guilty of a crime (list all felonies and misdemeanors, including DUI's, DWI's and drug crimes. **Note: INCLUDE ALL MINOR TRAFFIC TICKETS IF THE JOB FOR WHICH YOU ARE APPLYING REQUIRES THAT YOU DRIVE A COMPANY OWNED VEHICLE.**

Yes No If yes, please describe: _____

*A "Yes" answer will not automatically disqualify an applicant from being considered as a candidate for employment; the nature and date of the crime and relation to specific job requirements will be considered.

Have you ever been fired from any job for any reason, or did you quit before or after being told you would be fired?

Yes No If yes, please explain: _____

Will you abide by the safety rules of the company Yes No

Have you used any illegal drugs, including marijuana, in the last twelve months Yes No

Education

School Name	School Address	Major Course Subject	Select Last Year Completed	If Graduated: Yes, No or GED	Degree(s)
High School		General Studies	1 2 3 4		
Technical School			1 2 3 4		
College			1 2 3 4 5		
Graduate School					

Employment Experience

(Start with your present or last job.)

Date Employed		Name and Address of Employer	Salary		Position	Reason for Leaving
From	To		Starting	Ending		

References

	Name	Address	Phone No.	Business	Yrs. Acquainted
1					
2					
3					

SPECTRUM TRACER SERVICES, LLC

**STATEMENT OF CERTIFICATION AND
AUTHORITY FOR RELEASE OF INFORMATION**

I hereby authorize the release of all information relating to my background from current employers*, former employers, criminal justice agencies, financial or lending institutions or individuals to any representative of Spectrum Tracer Services, LLC (STS) to consider my application for employment. This information may include, but is not limited to, my salary; work experience; education; personal history relating to achievements, performance, attendance, or disciplinary actions involving me; any criminal record relating to me (including arrests and convictions); and any credit information. I understand that it is my responsibility to furnish STS the necessary information to verify any information that I have provided in this Application for Employment. I further release any individual, including records custodians, from all liability for damages that may result to me due to compliance or any attempts to comply with this authorization. Copies of this authorization that show my signature are as valid as the original release signed by me.

***NOTE:** Current employer reference check(s) may be conducted once a job offer has been made and accepted.

I understand that this is an Application for Employment and not a contract for employment, and if hired by STS I will be an employee at-will unless I execute a specific written contract for employment signed by the President or CFO of STS. STS reserves the right to rescind any offer of employment.

I understand that it is the policy of STS to conduct pre-employment drug screenings and other background checks, and any job offer that may be made to me will be contingent upon the results of such a screening.

I also understand the (1) the company has a drug and alcohol policy that provides for pre-employment screening as well as screening after employment; (2) consent to and compliance with such policy is a condition of my employment and (3) continued employment is based on the successful passing of a screening under such policy. I further understand that continued employment may be based on the successful passing of job related physical examinations.

I understand that the information disclosed to STS by me and other sources may be used for employment purposes and that the information may be redisclosed as authorized by law.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and at any time during the probationary period or thereafter, my employment relationship with the Company may be terminated at will for any reason by either party.

I certify that the statements in this application are correct and complete to the best of my knowledge. I understand that false or misleading information provided by me in the application process with Spectrum Tracer Services may result in denial or termination of employment.

Signature (SIGN IN INK)

Full Legal Name (PRINTED)

Date (MONTH / DAY / YEAR)

Social Security Number

Current Street Address

City

State/Zip Code

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Home Telephone Number