

# APPLICATION FOR EMPLOYMENT

THIS IS AN IMPORTANT DOCUMENT. ANSWER EACH ITEM COMPLETELY. FAILURE TO DO SO MAY RESULT IN YOU NOT BEING CONSIDERED FOR THE POSITION.

Name:		 	 	
Email:				
	Date:			
	Daic.			

### **Essential Employment Requirements and Functions:**

- Must comply with the Griffin Pavement Striping, Inc. Substance Abuse Policy and DOT Drug Control Program, which includes a pre-employment and random drug and/or alcohol testing.
- As Griffin Pavement Striping, Inc. is a party to a multi-employer collective bargaining agreement with the Laborers Local Union #423, you must be prepared to join the union or otherwise pay dues pursuant to the terms of the agreement.
- ➤ Must have a good driving record with no major violations within the last five years or be accepted by company insurance policy provider to drive Griffin Pavement Striping, Inc. vehicles.
- ➤ Must obtain a Class B Commercial Driver's License with Hazardous Materials and Air Brake endorsements within one year of employment start date.
- You must have your own transportation to and from work.
- Must have a telephone.
- Must be willing to work days, nights, weekends, and go out of town for work.
- Must work as a team player.
- ➤ Must cooperate with co-workers.
- ➤ Must respond politely to customers, contractors, and the traveling public.
- > Must be willing to think quickly and act appropriately in emergency situations.
- Must be able to function under intense time pressure.
- Must be willing to accept change.
- Must contribute to a healthy, positive work environment.
- ➤ Must accept any other related, relevant work duties as assigned.

I have read and understood the above contents. I realize that at any time during my employment with Griffin Pavement Striping, Inc. if any of the above requirements or functions is not met, it could result in the termination of my employment relationship with Griffin Pavement Striping, Inc.

SIGNATURE:	DATE:

### **Position Preferences:**

How were you referred to Griffin	n Pavement Striping, Inc.?
For what position are you applying	ng?
Salary desired: \$	per (specify hour, week, year)
Could you work overtime? Yes_	No
What date could you start work?	
Could you travel if required by the	nis position? Yes % of the time
Are you available at times to wor	rk nights? Yes No
Driving Information:	
Do you have a driver's license?	Yes No
Driver's License No.:	State of Issue:
Expiration Date:	Operator Commercial (CDL)
Can you drive a manual transmis	sion vehicle? Yes No
Are you familiar with the Colum	bus geographic area? Yes No
Have you ever had your driver's If yes, please provide date, length	±
Have you been in an accident or If yes, please provide date and ex	received a traffic violation in the last five years?  Applanation:

# **Education and Experience:**

Type of School	Name of School	<b>Last Year Completed</b>	Diploma /	Degree
High School		_ 9 10 11 12	Y	N
College		_ 1 2 3 4	Y	N
Other			Y	N
formal education:_		d/or any additional training prog		
		Yes No Specialty: _		
Date entered:		Discharge date:		
List any awards of	or honors you received:			
	yer:			
City and State:		Telephone Number:		
Supervisor's N	ame and Title:			-
Position Title:				
Duties perform	ed, skills used or learned:			-
Reason for Lea	ving:			
Salary:	per Hou	r Week Month Year	(circle one)	
Dates of Emplo	oyment: From:	To:		
May we contac	t your employer? Yes	No		

ast Employer:	
City and State:	Telephone Number:
Supervisor's Name and Title:	
Position Title:	
Duties performed, skills used or lea	arned:
Reason for Leaving:	
Salary: per	r Hour Week Month Year (circle one)
Dates of Employment: From:	To:
May we contact this employer?	Yes No
ast Employer:	
City and State:	Telephone Number:
Supervisor's Name and Title:	
Supervisor's Name and Title: Position Title:	
Position Title:	
Position Title:  Duties performed, skills used or lea	arned:
Position Title:  Duties performed, skills used or lea  Reason for Leaving:	
Position Title:  Duties performed, skills used or lea  Reason for Leaving:  Salary: per	arned:
Position Title:  Duties performed, skills used or lea  Reason for Leaving:  Salary: per	arned:  r Hour Week Month Year (circle one)
Position Title:  Duties performed, skills used or lead Reason for Leaving:  Salary: per  Dates of Employment: From:	arned:  r Hour Week Month Year (circle one) To:
Position Title:  Duties performed, skills used or lead Reason for Leaving: per Dates of Employment: From:  May we contact this employer?	arned: r Hour Week Month Year (circle one)To: Yes No Relationship:
Position Title:  Duties performed, skills used or lead Reason for Leaving: per Salary: per Dates of Employment: From: May we contact this employer?  References: Full Name: Company:	arned: r Hour Week Month Year (circle one) To: Yes No Relationship: Phone:
Position Title:  Duties performed, skills used or lead Reason for Leaving: per Salary: per Dates of Employment: From: May we contact this employer?  References: Full Name:	arned: r Hour Week Month Year (circle one)  To: Yes No  Relationship: Phone:
Position Title:  Duties performed, skills used or lead Reason for Leaving: per Position Title: per Position Tit	arned:

### **Releases and Applicant's Signature:**

In connection with your employment application and for other employment purposes, Griffin Pavement Striping, Inc. may seek background information about you from a consumer reporting agency. This information will be in the form of consumer reports. This report may be obtained at any time after we receive authorization from you, including any time during the period of your employment if we hire you. Consumer reports include any written, oral or other communication of information by a consumer reporting agency bearing on your credit standing, character, general reputation and other characteristics that are expected to be used for employment purposes. Consumer reports may include credit reports, criminal records and driving records, among other resources. A consumer reporting agency, will obtain the reports for us. hereby authorize Griffin Pavement Striping, Inc. or its authorized agents, for employment purposes, to obtain or prepare consumer reports and/or investigative consumer reports at any time after it receives this authorization, including any time that you may be employed by Griffin Pavement Striping, Inc. Further, you hereby authorize law enforcement agencies, public and private schools, federal, state and local agencies and courts, credit bureaus, information bureaus, current and former employers, financial institutions, licensing agencies, governmental agencies, the military, and other individuals and entities to provide any and all information that is requested by a consumer reporting agencies or Griffin Pavement Striping. By signing this statement, you acknowledge that you have received and read the Fair Credit Reporting Act Background Check Disclosure, A Summary of Your Rights Under the Fair Credit Reporting Act and this authorization. You hereby certify that you understand the documents you have received

Applicant's Signature	Date

All hiring and employment at Griffin Pavement Striping, Inc. is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by Griffin Pavement Striping, Inc. has no specific term and may be terminated by the employee or by Griffin Pavement Striping, Inc. with or without notice. I acknowledge that Griffin Pavement Striping, Inc. has not made any promise or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with Griffin Pavement Striping, Inc., and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution, or government agency from all liability with regard to furnishing information to Griffin Pavement Striping, Inc. I agree to release and hold harmless Griffin Pavement Striping, Inc. from all liability with respect to the receipt of such information.

understand that if any misrepresentation l	shed on this application form is true and complete. I has been made by me verbally or in writing, any offer of wn or my subsequent employment with Griffin ed.
Applicant's Signature	Date
<b>EEO Statement:</b>	
discrimination in employment on a basis	al opportunity employer, dedicated to a policy of non- including race, color, religion, sex, national origin, age, on, disability, or any other characteristic protected by
satisfactory proof of employment authorize	unauthorized aliens. All persons hired must submit zation and identity within three (3) days of being hired. equired time shall result in immediate employment
<b>Pre-Employment Drug Screening</b>	<b>;:</b>
to a safe, healthy, lawful and productive vundergo a pre-employment drug screenin	.'s (Griffin) employment procedures and commitment workplace and workforce, applicants will be required to g that is conducted by a vendor designated by Griffin. In treceives from Griffin is contingent upon successful
will be deemed to have tested positive. A	Applicants testing positive will be removed from in for a period of at least twelve (12) months.
screening. <u>Upon successful passing of to the cost of the screening.</u> Applicant	this screening. Griffin will reimburse the applicant s, who test positive, attempt to alter, adulterate or eening will not have their screening fee reimbursed.
For additional information testing refer to Policy and DOT Drug Control Program.	the Griffin Pavement Striping, Inc. Substance Abuse
Acknowledged,	
Applicant's Signature	 Date

### **Applicant Data Records:**

APPLICANTS ARE CONSIDERED FOR ALL POSITIONS AND EMPLOYEES ARE TREATED DURING EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, MEDICAL CONDITION OR DISABILITY, OR ANY OTHER CHARACTERISTC PROTECTED BY LAW.

AS EMPLOYERS/GOVERNMENT CONTRACTORS, WE COMPLY WITH GOVERNMENT REGULATIONS AND AFFIRMATIVE ACTION RESPONSIBILITIES.

SOLELY TO HELP US COMPLY WITH GOVERNMENT RECORD KEEPING, REPORTING AND OTHER LEGAL REQUIREMENTS, PLEASE FILL OUT THE APPLICANT DATA RECORD. WE APPRECIATE YOUR COOPERATION.

THIS DATA IS FOR PERIODIC GOVERNMENT REPORTING AND WILL BE KEPT IN A CONFIDENTIAL FILE SEPARATE FROM THE APPLICATION FOR EMPLOYMENT.

Position Applied For					
Referral Source					
□ Advertisement □ Fr	iend □ Relative □	Walk-In □	Employment A	agency   Other	
Name (Last) Number	(First)		(Middle)	Social Se	curity
Address (Number)	(Street)	(City)	(State)	(Zip Code) Telep	shone Number
THIS INFORMATION	N IS VOLUNTARY, I	IT WILL ON ANALYSIS		FOR AFFIRMATI	VE ACTION
AFFIRMATIVE ACTION THE SEX, ETHNION SECONDALYSIS ANALYSIS ANALYSIS ANALYSIS ABOUT A DISABILIT	CITY, DISABLED A ND AFFIRMATIVE A	ND VETERA ACTION ON	N STATUS O	F APPLICANTS.	THIS DATA
Check One of the Follo  Male Female R	ace/Ethnic Group:		*	nerican Indian	
☐ Asian/Alaskan Native	e/Pacific Islander 🗆	Two or More	Races		

Para información en español, visite <u>www.consumerfinance.gov/learnmore</u> o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552

#### A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to <a href="www.consumerfinance.gov/learnmore">www.consumerfinance.gov/learnmore</a> or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment or to take another adverse action against you must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See <a href="https://www.consumerfinance.gov/learnmore">www.consumerfinance.gov/learnmore</a> for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See <a href="https://www.consumerfinance.gov/learnmore">www.consumerfinance.gov/learnmore</a> for an explanation of dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go <a href="https://www.consumerfinance.gov/learnmore">www.consumerfinance.gov/learnmore</a>.
- You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-567-8688.
- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights**. For more information, <a href="www.consumerfinance.gov/learnmore">www.consumerfinance.gov/learnmore</a>.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of ova \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, NW Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	<ul> <li>Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</li> </ul>
2. To the extent not included in item 1 above:	a. Office of the Comptroller of the Currency     Customer Assistance Group
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
<ul> <li>b. State member banks. branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</li> <li>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</li> <li>d. Federal Credit Unions</li> </ul>	<ul> <li>b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480</li> <li>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</li> <li>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street</li> </ul>
	Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.W. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations. Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 387-4357