

CLIENT _____

As part of the application process, Administaff may conduct background checks on applicants.

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all federal, state and local laws prohibiting employment discrimination solely on the basis of a person's race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition (including, but not limited to, cancer related or HIV related), marital status, sex, gender (including sex stereotyping), age, sexual orientation, military status, or any other protected status except where a reasonable, bona fide occupational qualification exists.

— PLEASE TYPE OR PRINT IN INK —			Today's Date	
Name			Social Security Number	
Address			How Long?	
City			State	Zip Code
Daytime Telephone () ()	Home Telephone () ()	E-mail Address		
Position for which you are applying				
Check the following options you would consider <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary			If part time, specify hours or days	
Do you have any commitments to another employer that might affect your employment with us?			What is your minimum salary requirement?	
			Date available for work	

EDUCATION & TRAINING

	SCHOOL NAME	CITY AND STATE	DEGREE/DIPLOMA MAJOR COURSE OF STUDY	DEGREE RECEIVED?
High School/GED				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No

List any other education, training, special skills or certificates/licenses that you possess related to the job.

Professional License/ Certification #	Professional License/ Certification Type	Issuing Agency	State Issued	Expiration Date

List any machines, equipment or software programs on which you are qualified and experienced in operating.

List any languages that you speak fluently: _____ Read/write: _____

If you are applying for a position which involves driving a motor vehicle in the course and scope of the employment duties, please indicate whether you have a valid driver's license in this state. Yes No

Military Experience? Yes No If Yes, what branch? _____ Rank at separation _____

GENERAL INFORMATION

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

Are you 16 years old or over? If under 18, state age _____ Yes No

Were you previously employed by Administaff? If Yes, give dates _____ Yes No

List any relatives working for Administaff: _____

Can you perform the essential functions of the job? Yes No



EMPLOYMENT HISTORY

APPLICANT NAME _____

List all work experience beginning with the present or most recent job (use back of application, if necessary).

MOST RECENT JOB HELD	Name of Employer		Type of Business	
	Address	City	State	Zip Code
	Dates Employed From (month/year) – To (month/year)		Title	
	Name and Title of Supervisor		Telephone Number ()	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
	Brief Description of Duties			
	Reason for Leaving		Last Salary \$	

PREVIOUS EMPLOYMENT	Name of Employer		Type of Business	
	Address	City	State	Zip Code
	Dates Employed From (month/year) – To (month/year)		Title	
	Name and Title of Supervisor		Telephone Number ()	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
	Brief Description of Duties			
	Reason for Leaving		Last Salary \$	

PREVIOUS EMPLOYMENT	Name of Employer		Type of Business	
	Address	City	State	Zip Code
	Dates Employed From (month/year) – To (month/year)		Title	
	Name and Title of Supervisor		Telephone Number ()	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
	Brief Description of Duties			
	Reason for Leaving		Last Salary \$	

PREVIOUS EMPLOYMENT	Name of Employer		Type of Business	
	Address	City	State	Zip Code
	Dates Employed From (month/year) – To (month/year)		Title	
	Name and Title of Supervisor		Telephone Number ()	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
	Brief Description of Duties			
	Reason for Leaving		Last Salary \$	

BUSINESS REFERENCES

APPLICANT NAME _____

(List three individuals, in addition to listed employment references, known to you for at least three years.)

NAME	OCCUPATION / ASSOCIATION	TELEPHONE
1.		()
2.		()
3.		()

ADDITIONAL INFORMATION

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, honors received, etc. (You may omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin, or disability.)

CRIMINAL RECORD INFORMATION

All Applicants: Exclude any records expunged, annulled, sealed, or discharged under first-offender law.

Massachusetts Applicants: An applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances, or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances, and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. The applicant may exclude a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace. The applicant may exclude any convictions of misdemeanors which are more than five years old.

California Applicants: You may exclude misdemeanor marijuana convictions if such convictions are more than two years old and you may also exclude referrals to and participation in pre and post trial diversion programs.

Hawaii Applicants: Do NOT answer the criminal record questions.

Except as provided above, during the past ten years, have you ever been convicted of, plead guilty to, or received probation, deferred adjudication, or any other type of alternative method of supervision or correction for a misdemeanor, having a penalty of imprisonment or a fine of more than \$500, or a felony? (Answering Yes is not an automatic bar to employment but will be considered in relation to specific job requirements.)

Yes No

If Yes, explain:

Have you been convicted of a crime (exclude minor traffic cases; include DUIs)?

If yes, describe:

Yes No

Are criminal charges now pending against you? CA applicants should only answer this question if you are currently out on bail or out on your own recognizance pending trial.

If yes, describe:

Yes No

AGREEMENT (Please read the following statement carefully.) **APPLICANT NAME** _____

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give Administaff any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and Administaff, from liability for any damage that may result from furnishing same to Administaff.

I understand that Administaff and its client have agreed that Administaff will provide workers' compensation insurance coverage for its employees. In the event of an injury in the workplace, I agree that my sole remedy lies in coverage under Administaff's workers' compensation insurance policy.

If employed by Administaff and its client company, I agree to abide by the policies and procedures of Administaff and its client company, which include Administaff's Anti-Harassment Policy. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of Administaff, the client company or myself. I further understand that no manager or representative of Administaff or its client company other than the president of Administaff has any authority to enter into any agreement, oral or written, on behalf of Administaff for a term of employment or to make any assurance or promise of continued employment.

I understand that Administaff and/or its client company may obtain a consumer and/or investigative consumer report for employment purposes that may include information regarding prior employment, work experience and performance, reasons for employment termination, and information as to character, general reputation, personal characteristics, or mode of living. The report may also contain a records check of driving, criminal, credit, education, degrees, professional licenses and/or certification records depending on the position. By signing this application, I authorize the procurement of a consumer and/or investigative consumer report by Administaff as part of the pre-employment background investigation and if hired, at any time during my employment. California Applicants: I further understand that Administaff and/or its client company may obtain Public Records about me as part of an internal background investigation and that I may waive my right to receive a copy of such Public Records by checking this box:

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

I understand and agree that I may be required to take a drug and alcohol screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test result to Administaff for its use. I understand that any positive drug or alcohol result may preclude my employment.

Signature _____	Date _____
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CHECK ALL OF THE FOLLOWING TOOLS THAT YOU OWN

BASIC:

- _____ HARD HAT
- _____ HEAVY PENCIL
- _____ NOTE PAD
- _____ APPROXIMATELY 25' TAPE MEASURE (1" WIDE)
- _____ CHANNEL LOCK PLIERS (NEEDS TO ADJUST TO 1 1/2")
- _____ TORPEDO LEVEL
- _____ HAMMER
- _____ PHILLIPS SCREWDRIVER
- _____ STANDARD SCREWDRIVER
- _____ CRECENT WRENCH 8 & 10 (12 & 14 HELPFUL)
- _____ EAR PLUGS

ADDITIONAL:

- _____ TUBING CUTTERS
- _____ BASIN WRENCH
- _____ PIPE WRENCH SIZES THROUGH _____
- _____ B-TANK
- _____ TORCH & REGULATOR
- _____ BATTERY SCREW GUN
- _____ SAWZALL
- _____ HOLEHAWG
- _____ SKILLSAW
- _____ EXTENTION CORD
- _____ LADDER
- _____ DRILL BITS
- _____ THREADING DIE W/ CUTTERS SIZES THROUGH _____
- _____ POWER THREADING EQUIPMENT SIZES THROUGH _____
- _____ SPUD WRENCH
- _____ TUB WRENCH
- _____ CAST IRON CUTTERS TYPE _____

ARE YOU A COLORADO LICENSED:

APPRENTICE ___ YRS. JOURNEYMEN ___ YRS. MASTER ___ YRS.

WHICH OF THE FOLLOWING PHASES OF PLUMBING ARE YOU MOST EXPERIENCED IN OR BEST AT (1, 2, 3, ETC.) (1 BEING YOUR BEST)

WATER PIPE ___ UNDERGROUND ___ ABS ___ DWV ___ GAS PIPE ___

STEAM/HOT WATER ___ FIXTURE INSTALLATION ___

WHAT HAS YOUR PRACTICAL EXPERIENCE CONSISTED OF: (YRS. & MONTHS)

RESIDENTIAL ___ COMMERCIAL ___ SERVICE ___ INDUSTRIAL ___

TRANSPORTATION: YOUR OWN VEHICLE ___ BUS ___

Sections I, II and III are to be completed by the client company. Section IV is to be completed by the applicant.
Please fax the completed request to the Administaff Background Check Team at 800-347-9544.

Section I. Client Information

Client Company Mai Mechanical Corp	Client Number 939500	Recruiter	Date
Client Contact Martin Barnes		Contact Phone Number (303) 289-9866	

Section II. Position

Title
<p>Is this position regulated by the Department of Transportation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>If yes, please contact J.J. Keller for DOT Compliance Services at 800-843-3174, ext. 8214. Administaff has contracted with J.J. Keller to offer Administaff's DOT-regulated clients the Driver DOT Compliance Services. For more information about J.J. Keller, contact your Administaff Safety Consultant. Under the CSA, it is the client's responsibility to comply with industry specific requirements related to its specific industry, including DOT regulations and any other industry specific regulations or requirements. Administaff's background checks are not designed to comply with industry specific laws that may affect your business.</i></p> <p>Is this a pre-employment check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

Section III. Services Requested

<input checked="" type="checkbox"/> Criminal History (including Felony & Misdemeanor)	<input type="checkbox"/> Certifications
<input type="checkbox"/> Employment References <input type="checkbox"/> 5 yr. <input type="checkbox"/> 10 yr.	<input type="checkbox"/> Education Check
<input type="checkbox"/> Motor Vehicle Record	<input type="checkbox"/> Professional Licenses
<input type="checkbox"/> Credit History*	

*Administaff generally recommends that credit checks be completed only on those individuals applying for cash handling positions or those positions where an individual has access to confidential information (like employee data).

Section IV. Applicant Information *(please print clearly)*

Note: Complete full name as shown on driver's license.

First Name	MI	Last Name	Other Name(s) Used
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This information is requested by the vendor in order to ensure the correct information is obtained from the state and federal courts.

Social Security Number	Date of Birth (mm/dd/yy) Mo Day Yr	Driver's License Number Alpha Num	State
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Current Address _____ City _____

County	State	Zip
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Previous Address(es) for the Past 10 Years	Dates at Address

- Must include a signed, completed Administaff Application for Employment and Disclosure & Authorization form and complete the "Applicant Information" section on this form. California applicants must also include a signed "Summary of Your Rights Under California Civil Code 1786.22".
- You are not required to provide the year of your birth date on this form. Please understand that in order to conduct certain background checks and increase the accuracy that the information obtained is your information, you may receive a call from Administaff's Background Check Team or HireRight, our background check vendor, inquiring about your year of birth. Failure to respond to any such inquiry may cause a delay in the processing of your background check and/or may result in a background check not being completed at all, which could negatively impact the hiring process.



Copy B – Keep this page for your records.

Applicant Name	Client Company Name
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Disclosure of Intent to Obtain Consumer Reports or Investigative Consumer Reports

By signing below, you acknowledge that Administaff and/or the Client Company may obtain consumer reports, or investigative consumer reports, in connection with your employment application or from time to time during employment in accordance with applicable law. Consumer reports include record checks conducted by consumer reporting agencies and may include driving records, criminal records, credit records, etc. Investigative consumer reports include investigations conducted by consumer reporting agencies through personal interviews (or through *any means* in California) on information as to character, general reputation, personal characteristics, or mode of living. You may make a written request for a summary of consumer rights and a disclosure of the nature and scope of an investigation. A disclosure of the nature and scope of such investigation is provided below.

Disclosure of Nature and Scope of Investigation for Investigative Consumer Report

In the event we request an investigative consumer report in connection with your employment application, a consumer reporting agency will prepare an investigative consumer report based on the following investigation: The agency may interview your former employers, business references, and/or personal references for information regarding prior employment, work experience and performance, reasons for employment termination, and information as to character, general reputation, personal characteristics, or mode of living. The agency will also conduct a records check of driving, criminal, credit, education, degrees, professional licenses, and/or certification records depending on the position. Such a report, as well as any credit report, will be obtained from HireRight, Inc., 2100 Main Street, Suite 400, Irvine, California 92614-6263, Telephone 800-400-2761.

Authorization

I authorize the procurement of a consumer and/or investigative consumer report by Administaff and the Client Company as part of the pre-employment background investigation and if hired, at any time during my employment.

Signature	Date	
Print Name		
Address		
City	State	Zip Code

California Applicants Only

If you wish to receive a free copy of any credit report obtained, please indicate by checking this box.

If you wish to receive a free copy of any investigative consumer report obtained, please indicate by checking this box.

If you would like to receive via e-mail a copy of any credit report or investigative consumer report obtained, please provide your e-mail address: _____

If you do not have an e-mail address and have indicated that you would like to receive a copy of any credit report or investigative report obtained, you will receive a copy by mail.

A summary of the consumer rights provisions of California Civil Code Section 1786.22 is provided herewith.

Minnesota and Oklahoma Applicants Only

If you desire a free copy of any consumer or investigative consumer report obtained, please indicate by checking this box.

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If you do not have an e-mail address and have indicated that you would like to receive a copy of any credit report or investigative report obtained, you will receive a copy by mail.

New York Applicants Only

Upon your request, you will be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report.

Copy A – Sign and return this page with the Screening Request.

Applicant Name	Client Company Name
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New York Applicants Only

Upon your request, you will be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report.

