

Muswick Employment Application

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

How Long at Above Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

If at Above Address Less than 3 years, Previous Address \_\_\_\_\_

In Case of Emergency Notify \_\_\_\_\_ Phone Number \_\_\_\_\_

High School attended \_\_\_\_\_ College Attended \_\_\_\_\_

Special Studies \_\_\_\_\_ Highest Grade completed \_\_\_\_\_

Are you willing to take a Physical at Company Expense? \_\_\_\_\_

Current Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

How long on Job? \_\_\_\_\_ Date started \_\_\_\_\_ Amount of Pay \_\_\_\_\_

May we contact your current employer? \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Desired Salary \_\_\_\_\_ Date Available for work \_\_\_\_\_

Position Applying for \_\_\_\_\_ How did you hear about the position \_\_\_\_\_

Please list any special skills, experience or any other reasons why you feel that you would be qualified for the job you are applying for: \_\_\_\_\_

**DRIVER'S ONLY** Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_

List any traffic violations in the past 3 years:

1) Date \_\_\_\_\_, Violation \_\_\_\_\_

2) Date \_\_\_\_\_, Violation \_\_\_\_\_

3) Date \_\_\_\_\_, Violation \_\_\_\_\_

List any experience you have driving a large truck or van:

Type of Vehicle \_\_\_\_\_ Years of Experience \_\_\_\_\_

Type of Vehicle \_\_\_\_\_ Years of Experience \_\_\_\_\_

Type of Vehicle \_\_\_\_\_ Years of Experience \_\_\_\_\_

WORK EXPERIENCE  
(List Most recent Job First)

Company Name \_\_\_\_\_ Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Date Started \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Ended \_\_\_\_/\_\_\_\_/\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Date Started \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Ended \_\_\_\_/\_\_\_\_/\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Date Started \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Ended \_\_\_\_/\_\_\_\_/\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

I hereby release all of my past employers from any and all liability and authorize their release of my employment records with them. I further authorize investigation of all statements contained in this application and I understand that misrepresentation or omission of facts called for is cause for immediate dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# DISCLOSURE

**DISCLOSURE - Must be a clear and conspicuous written disclosure to the consumer before the report is obtained, in a document that consists solely of the disclosure. Sample language is shown below:**

As part of our hiring background and investigation, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights Under the Fair Credit Reporting Act.

# AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_ Current Address  
Dates Lived Here

Addresses for the Past Seven Years: (include street, city, state, zip code) \_\_\_\_\_  
\_\_\_\_\_ Dates of Residence:  
\_\_\_\_\_

\_\_\_\_\_ Years Used  
Date of Birth Other Names Used (including maiden name)

\_\_\_\_\_ Social  
Security Number Driver's License # State

\_\_\_\_\_ Email address (may be used for official correspondence)

do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **IntelliCorp Records, Inc** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc** for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

\*\*I hereby do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact *my current* employer for Employment and Reference Verifications (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

\_\_\_\_\_  
Printed Name Applicant Signature Date

CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY: If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Report, please check the box. This report may include character and reputation information obtained through personal interviews.

**DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.**