

# Application for Employment



FSTI, Inc. is an equal opportunity employer and does not discriminate based on race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

## APPLICANT INFORMATION:

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_

## APPLICANT QUESTIONS:

Type of Work Desired: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Date Available: \_\_\_\_\_

If hired can you provide documents required to establish eligibility to work in the U.S.? Yes  No

Are you 16 years of age or older? Yes  No

How were you referred to FSTI, Inc.? \_\_\_\_\_

Have you ever been convicted of, or pled guilty or no contest to a crime other than a minor traffic violation? Yes  No

If Yes:

1) Number of times \_\_\_\_\_

2) Duration in months \_\_\_\_\_

## EDUCATION:

High School or Last Grade Completed \_\_\_\_\_

Address of School \_\_\_\_\_

Course of Study \_\_\_\_\_ Number of Years Completed \_\_\_\_\_

Degree or Diploma \_\_\_\_\_

College of Technical School \_\_\_\_\_

Address of School \_\_\_\_\_

Course of Study \_\_\_\_\_ Number of Years Completed \_\_\_\_\_

Degree or Diploma \_\_\_\_\_

Other School or Training \_\_\_\_\_

Address of School \_\_\_\_\_

Course of Study \_\_\_\_\_ Number of Years Completed \_\_\_\_\_

Degree or Diploma \_\_\_\_\_

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## MILITARY EXPERIENCE:

Branch of Service \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rank / Type of Service \_\_\_\_\_

Job-Related Training or Experience \_\_\_\_\_

## RECORD OF EMPLOYMENT:

List all positions starting with most recent

**Employer** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Position Title \_\_\_\_\_ Supervisor \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Ending Salary \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Employer** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Position Title \_\_\_\_\_ Supervisor \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Ending Salary \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Employer** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Position Title \_\_\_\_\_ Supervisor \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Ending Salary \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

## WORK RELATED REFERENCES:

Do not include relatives

Name	Occupation	Years Known	Contact Info

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## STATEMENT:

**Please read this statement carefully before signing this application**

I understand that employment with FSTI, Inc. is at-will, meaning that I, or the Organization, may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize the Organization to conduct a thorough background investigation of my work and personal history and verify all data given on this application during interviews. I hereby release the Organization, and its representatives or agents from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that the Organization requires the successful completion of a drug and/or alcohol test as a condition of employment.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be enough cause for dismissal or refusal to hire.

Applicant Signature \_\_\_\_\_ Date Signed \_\_\_\_\_



FSTI, INC	Permissible Purpose Certification: <input checked="" type="checkbox"/> Pre-Employment Screening
Unless noted, please provide a LEVEL 1 SERVICE	OTHER SERVICE:

**BACKGROUND SCREENING DISCLOSURE AND AUTHORIZATION**

*Applicants: Please read the following statements carefully*

**NOTICE**

In connection with your application for or continued employment, [Insert Client Name] (“Company”) may order a background report (“consumer report”) or an “investigative consumer report”. These reports may be obtained at any time after receipt of your signed authorization and, if you are hired by Company, throughout your employment where permissible by law. These reports may contain information about your character, general reputation and/or mode of living and may include information including, but not limited to: social security number verification, criminal/civil records, driving records, employment and education history, professional licensing/certifications, credit reports, and drug testing results.

Investigative consumer reports are consumer reports gathered from personal interviews with sources such as your neighbors, friends, or associates. You have the right, upon written request made within a reasonable time after receipt of this notice to ask the Company to disclose the nature and scope of any investigative consumer report. You also may request a copy of that report from the Company. A disclosure regarding the nature and scope of an investigative consumer report shall be made in writing and delivered to you by the Company no later than five days after (i) the date on which your request for the disclosure was received or (ii) the date on which the investigative consumer report was first requested, whichever is later.

LS Screening, LLC, (“LSS”), a Consumer Reporting Agency, will prepare the consumer report. They may be contacted at:

PO Box 270152  
Austin TX 78727  
(800) 755-3392 Voice/(800) 283-4883 Fax.

Per the Fair Credit Reporting Act, you may be entitled to a copy of the report. The Fair Credit Reporting Act gives you specific rights in dealing with Consumer Reporting Agencies. You will find these rights summarized in *A Summary of Your Rights Under the Fair Credit Reporting Act*. A copy of that document can be found at [http://files.consumerfinance.gov/f/201410\\_cfpb\\_summary\\_your-rights-under-fcra.pdf](http://files.consumerfinance.gov/f/201410_cfpb_summary_your-rights-under-fcra.pdf)

**STATE LAW NOTICES**

If you live or work for the Company in the states listed below, please note the following:

**Minnesota applicants only:** You have the right, upon written request to LSS, to receive a complete and accurate disclosure of the nature and scope of any consumer report. LSS must make this disclosure within five days of your request for disclosure or of the Company’s request for the report, whichever is later.

**Minnesota / Oklahoma applicants:** You have the right to receive a copy of your consumer/investigative consumer report by checking “Yes” below. Please check the appropriate box if you would like to receive a free copy of your consumer report.

YES       NO

**New Jersey applicants:** If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from LSS. You may inspect and order a free copy of the report by contacting LSS.

**New York applicants:** If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from LSS, and you will be provided with the name and address of LS Screening. You may inspect and order a free copy of the report by contacting LSS. By signing below, you certify that you have received a copy of New York Correction Law 23-A.

**Washington State applicants:** If the Company requests an investigative consumer report, you have the right, upon written request made to the Company within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report requested by the Company. You also have the right to ask LSS for a written summary of your rights under the Washington Fair Credit Reporting Act.

### ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND REPORTS

By providing the requested information and signing below, I acknowledge receipt of the **Background Screening Disclosure and Authorization Notice, A Summary of Your Rights under the Fair Credit Reporting Act** (available at [http://files.consumerfinance.gov/f/201410\\_cfpb\\_summary\\_your-rights-under-fcra.pdf](http://files.consumerfinance.gov/f/201410_cfpb_summary_your-rights-under-fcra.pdf)) and any other document referenced in this Background Screening Disclosure and Authorization Notice and certify that I have read and understand all of those documents provided to me by the Company. By my signature below I hereby authorize the Company to obtain consumer reports and/or investigative consumer reports for employment purposes at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by LS Screening, PO Box 270152, Austin TX 78727, (800) 755-3392 Voice/(800) 283-4883 Fax. I agree that a facsimile (fax), electronic or photographic copy of this Authorization shall be as valid as the original.

I understand that signing my name below, constitutes my consent and that by doing so: I am acknowledging Company has disclosed that they may request a consumer report or investigative consumer report; that I am authorizing LS Screening to conduct the background check(s) described above; and I certify that facts and information in this form and any attachments I have provided are true, accurate, and complete to the best of my knowledge.

### PLEASE PROVIDE ALL INFORMATION AND PRINT CLEARLY

APPLICANT'S LEGAL NAME:

\_\_\_\_\_ Last Name First M.I.

SOCIAL SECURITY #:

DATE OF BIRTH:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month/Day/Year

CURRENT HOME ADDRESS:

\_\_\_\_\_ Street City/State Zip

DRIVER'S LICENSE #:

STATE OF ISSUANCE:

EMAIL ADDRESS:

APPLICANT SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_