

Employment Application

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Position Applied for: _____ Date of Review: _____
How were you referred to us: _____

Applicant Data:

Full name (Last, First, Middle): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile/Pager/Other: _____

Email address: _____ Date Available to Start: _____

Social Security #: _____ - _____ - _____ Salary Requirement: \$ _____

If you are under 18 and we require a work permit, can you furnish one? Yes: _____ No: _____

If no, please explain: _____

Have you ever worked for this company? Yes: _____ No: _____ If yes, when? _____

Are you a citizen of the United States? Yes: _____ No: _____

If not, are you legally allowed to work in the United States? Yes: _____ No: _____

Type of Employment Desired: Full-time _____ Part-Time: _____

Have you ever pled "Guilty", "No-Contest", or been convicted of a crime? Yes: _____ No: _____

If yes, give dates and details: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Driver's License number: _____ State: _____ Expiration: _____

Has your license ever been suspended or revoked? Yes: _____ No: _____

If yes, please explain: _____

Previous DWI? Yes: _____ No: _____

If yes, please explain: _____

Education:

High School: _____

Number of years: _____ Graduate _____

College: _____

Number of years: _____ Degree: _____

Post-Graduate: _____

Number of years: _____ Degree: _____

Military Service:

Branch: _____ Rank: _____ Discharge Date: _____

State Industrial Radiographer Certification? Yes: _____ No: _____ State: _____ Exp. Date _____

T.W.I.C. Card? Yes: _____ No: _____ DISA Hair Follicle Testing Yes: _____ No: _____

Any other licenses you hold: _____

Previous Employment (begin with most recent position):

Dates of employment: From: _____ to _____
Place of employment: _____
Address: _____ City: _____ State: _____ Zip: _____
Positions held: _____
Phone number: _____ Supervisor: _____
Responsibilities: _____
Starting Salary & Title: _____ Ending Salary & Title: _____
Reason for leaving: _____
May we contact employer as a reference? Yes: _____ No: _____

Dates of employment: From: _____ to _____
Place of employment: _____
Address: _____ City: _____ State: _____ Zip: _____
Positions held: _____
Phone number: _____ Supervisor: _____
Responsibilities: _____
Starting Salary & Title: _____ Ending Salary & Title: _____
Reason for leaving: _____
May we contact employer as a reference? Yes: _____ No: _____

Dates of employment: From: _____ to _____
Place of employment: _____
Address: _____ City: _____ State: _____ Zip: _____
Positions held: _____
Phone number: _____ Supervisor: _____
Responsibilities: _____
Starting Salary & Title: _____ Ending Salary & Title: _____
Reason for leaving: _____
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Dates of employment: From: _____ to _____
Place of employment: _____
Address: _____ City: _____ State: _____ Zip: _____
Positions held: _____
Phone number: _____ Supervisor: _____
Responsibilities: _____
Starting Salary & Title: _____ Ending Salary & Title: _____
Reason for leaving: _____
May we contact employer as a reference? Yes: _____ No: _____

Emergency Notification:

Name: _____
Phone Number: _____
Address: _____ City: _____ State: _____ Zip: _____
Relationship: _____

Summarize Special Skills or Qualifications: _____

Personal References:

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Cell Phone: _____

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Cell Phone: _____

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Cell Phone: _____

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Cell Phone: _____

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Cell Phone: _____

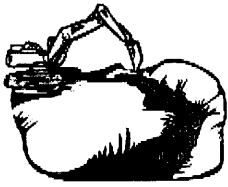
I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, education, financial, and other related matters as may be necessary for an employment decision.

I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.

In the event I am unemployed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Marco Inspection Services, LLC is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Signature of Applicant: _____ Date: _____



Applicant Authorization to Release DOT Drug /Alcohol Test Results
(Background Check Form as required by 49 CFR Part 40.25)

I, _____, as the Applicant, understand that as a condition of hire with MARCO Inspection Services LLC, I must consent to the release of the results of all DOT mandated drug and/or alcohol information from all of the employers for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous two (2) years.

Below, I have listed all of the employers for which I have worked or pre-employment tested during the past two years. I hereby authorize my previous employers to furnish to MARCO Inspection Services the DOT information described below.

Previous Employer Name	Address	Phone Number	Fax Number	Dates of Employment

Applicant Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information, identified by the check boxes. In signing below, I certify that all of the information I have furnished on this form is true and complete, and that I have identified all of the employers for which I have worked in a DOT safety-sensitive position during the previous two years. I also understand that I am responsible for all costs associated with any pending Substance Abuse Professional assessment, recommendations, education and treatment, including costs involving return-to-duty testing and follow-up testing yet to be completed.

- Check this box if you have NOT performed DOT functions in the past two years.
- Check this box if you have tested positive, or refused to test, on any DOT pre-employment drug or alcohol test for an employer who did not hire you during the past two years.

Signature of Applicant

Social Security Number

Date

Release of Previous Employer's DOT Drug/Alcohol Testing Results

In accordance with 49 CFR Part 40.25, the company, named above, is required to obtain -- and as a previous employer, you are required to release -- DOT drug and alcohol information, listed below, concerning the applicant, named above. This information request covers concerning any period of employment of the applicant by you going back two years from this date of this request. Please complete the following:

- | | | |
|-------------|--------------------------|--|
| YES* | NO | |
| _____ | _____ | 1. Any DOT alcohol test results of 0.04 or greater? |
| _____ | _____ | 2. Any DOT positive drug test results? |
| _____ | _____ | 3. Refusal to submit to a DOT required drug / alcohol test? (incl. adulterated or substituted specimens) |
| _____ | _____ | 4. Other violations of DOT drug and alcohol testing regulations? |
| _____ | _____ | 5. If "yes" for any of the above items, did the employee complete the return-to-duty process? |
| | <input type="checkbox"/> | 6. Check this box if your company and/or the applicant was <u>not</u> subject to DOT regulations. |

Note: If "yes" for item 5, you must provide the previous employer's report. If "yes" for item 5, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Previous Employer's Company Name

Name of Person Completing Form

Date

FAX COMPLETED FORM TO: MARCO Inspection Services, LLC (903) 984-8960

Combined Disclosure Notice and Authorization
Regarding Background Consumer Reports

Important: Please read carefully before signing.

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, and motor vehicle record, mode of living and/or credit and indebtedness may be obtained in connection with your application for and/or continued employment with the employer. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the employer. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. Upon timely written request of the personnel department, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you.

Before any adverse action is taken in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and phone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

Authorization

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish to HireCheck, Inc. with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

Read, Acknowledged, and Authorized

Signature

Date