



# APPLICATION FOR EMPLOYMENT

ALL FIELDS MUST BE COMPLETED

## NAME AND ADDRESS

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY STATE ZIP CODE

EMAIL ADDRESS: \_\_\_\_\_

## OFFICE USE ONLY

POSITION: \_\_\_\_\_

RATE: \_\_\_\_\_

ADP: \_\_\_\_\_

## EMPLOYMENT STATUS

POSITION DESIRED: \_\_\_\_\_ PAY EXPECTED: \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED: YES NO FULL TIME PART TIME

LIST YOUR INTENT TO CONTINUE IN YOUR CURRENT JOB(S) IF YOU WORK HERE: YES NO

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US: YES NO IF YES: MONTH AND YEAR: \_\_\_\_\_

ARE YOU AVAILABLE FOR FULL TIME WORK: YES NO WILL YOU WORK OVERTIME IF ASKED: YES NO

IF NOT, WHAT HOURS CAN YOU WORK: \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.: YES NO CAN YOU SUBMIT VERIFICATION IF ASKED: YES NO

OTHER SPECIAL TRAINING OR SKILLS (LANGUAGES, MACHINE OPERATION, ETC)

## PLEASE ACCOUNT FOR ANY PERIODS OF UNEMPLOYMENT DURING THE PAST THREE YEARS

FROM	TO	REASON	FROM	TO	REASON

## EDUCATION

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?		DEGREE OR DIPLOMA
				YES	NO	
HIGH SCHOOL						
BUSINESS/TRADE/TECHNICAL						
COLLEGE						

HOW WERE YOU REFERRED TO ADDISON? ONLINE JOB AD, WALK IN, CURRENT EMPLOYEE: \_\_\_\_\_

DO YOU CURRENTLY HAVE FRIENDS OR FAMILY WORKING AT ADDISON? YES NO IF YES, PLEASE LIST NAME: \_\_\_\_\_

HAVE YOU EVER WORKED UNDER, ATTENDED SCHOOL, OR BEEN KNOWN BY A DIFFERENT NAME? YES NO IF YES, PLEASE LIST NAME: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR A VIOLATION OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO

IF "YES", LIST ALL CONVICTIONS, STARTING DATE, NATURE OF OFFENSE AND WHERE THEY OCCURRED. A CONVICTION WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT AT ADDISON: \_\_\_\_\_

DESCRIBE ANY ADDITIONAL SKILLS, TRAINING, OR EXPERIENCE FOR THE POSITION WHICH YOU ARE APPLYING: \_\_\_\_\_

Addison is an equal opportunity employer. Addison policy prohibits discrimination based on age, creed, color, disability, marital status, national origin, race, religion, gender, sexual orientation, veteran's status or any other classification protected by federal, state or local laws. **Please Note: Insurance purposes require applicants to be 18 years of age and older.**



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## EMPLOYMENT

PLEASE LIST ALL FULL-TIME AND PART-TIME EMPLOYMENT FOR AT LEAST THE PAST TEN YEARS. START WITH YOUR CURRENT OR MOST RECENT EMPLOYMENT.

COMPANY NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMPLOYED - MONTH/YEAR:

NAME OF SUPERVISOR: \_\_\_\_\_

FROM: \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_

JOB TITLE & TYPE OF WORK: \_\_\_\_\_

WEEKLY PAY:

MAY WE CONTACT THIS EMPLOYER?    YES    NO

START: \_\_\_\_\_ END: \_\_\_\_\_

IF NO, GIVE REASON: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMPLOYED - MONTH/YEAR:

NAME OF SUPERVISOR: \_\_\_\_\_

FROM: \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_

JOB TITLE & TYPE OF WORK: \_\_\_\_\_

WEEKLY PAY:

MAY WE CONTACT THIS EMPLOYER?    YES    NO

START: \_\_\_\_\_ END: \_\_\_\_\_

IF NO, GIVE REASON: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMPLOYED - MONTH/YEAR:

NAME OF SUPERVISOR: \_\_\_\_\_

FROM: \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_

JOB TITLE & TYPE OF WORK: \_\_\_\_\_

WEEKLY PAY:

MAY WE CONTACT THIS EMPLOYER?    YES    NO

START: \_\_\_\_\_ END: \_\_\_\_\_

IF NO, GIVE REASON: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMPLOYED - MONTH/YEAR:

NAME OF SUPERVISOR: \_\_\_\_\_

FROM: \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_

JOB TITLE & TYPE OF WORK: \_\_\_\_\_

WEEKLY PAY:

MAY WE CONTACT THIS EMPLOYER?    YES    NO

START: \_\_\_\_\_ END: \_\_\_\_\_

IF NO, GIVE REASON: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

DID YOU SERVE IN THE U.S. ARMED FORCES?    YES    NO

FROM: \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_

IF YES, WHICH BRANCH: \_\_\_\_\_



***Fair Credit Reporting Act Disclosure***

This form, which you should read carefully, has been provided to you because Addison may request consumer reports or investigative consumer reports in connection with your application for employment, or at any time during the course of your employment with Addison, if any, for purposes of evaluating your suitability for employment, promotion, reassignment or retention as an employee. Additionally, in the event that claims or disputes between you and Addison are filed with any third parties, Addison may request consumer reports or investigative consumer reports for purposes of evaluation and response, regardless of whether you remain an employee of Addison at the time such claims or disputes arise.

The types of reports that may be requested from consumer reporting agencies under this policy include, but are not limited to, credit reports, criminal records checks, court records checks, driving records, and/or summaries of educational and employment records and histories. The information contained in these reports may be obtained by a consumer reporting agency from public record sources or through personal interviews with your coworkers, neighbors, friends, associates, current or former employers, or other personal acquaintances.

The nature and scope of any investigative consumer reports that may be requested is explained above. You are nonetheless entitled to request more information about the nature and scope of such investigative consumer reports by submitting a written request to Erin Klein, 1250 William Street, Buffalo, NY, 14240.

Enclosed for your information is "Summary of Your Rights Under the Fair Credit Reporting Act.

***I have carefully read and understand this notice and authorization form and, by my signature below, consent to the release of consumer or investigative consumer reports, as defined above, to Addison (1) in conjunction with my application for employment, (2) during the entire course of my employment, if any, and (3) after any such employment ends.***

***I understand and acknowledge that nothing in this notice and authorization is intended to be, or is, an offer or a promise of continued employment.***

***I authorize the release of consumer or investigative consumer reports to Addison orally and in writing. I agree to release and discharge Addison and its agents and employees to the full extent permitted by law from any claims, damages, losses, liabilities, costs and/or expense, or any other charge or complaint arising from the retrieving and/or reporting of the consumer report or investigative consumer report.***

SIGNATURE: \_\_\_\_\_

PRINT YOUR NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Para informacion en espanol, visite <http://www.ftc.gov/credit> o escriba a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

## ***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:**

<http://www.ftc.gov/credit> or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **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 identify 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, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) 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 [www.ftc.gov/credit](http://www.ftc.gov/credit) 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.
- **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.
- **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.
- **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 to [www.ftc.gov/credit](http://www.ftc.gov/credit)

- **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, visit [www.ftc.gov/credit](http://www.ftc.gov/credit)

**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. Federal enforcers are:**

**TYPE OF BUSINESS:  
CONTACT:**

**Consumer reporting agencies, creditors and others not listed below:**

Federal Trade Commission: Consumer Response Center - FCRA  
Washington, DC 20580 1-877-382-4357

**National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)**

Office of the Comptroller of the Currency  
Compliance Management, Mail Stop 6-6  
Washington, DC 20219 800-613-6743

**Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)**

Federal Reserve Board  
Division of Consumer & Community Affairs  
Washington, DC 20551 202-452-3693

**Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)**

Office of Thrift Supervision Consumer Programs  
Washington, DC 20552 \* 800-842-6929

**Federal credit unions (words “Federal Credit Union” appear in institution’s name)**

National Credit Union Administration  
1775 Duke Street  
Alexandria, VA 22314 \* 703-518-6360

**State-chartered banks that are not members of the Federal Reserve System**

Federal Deposit Insurance Corporation  
Division of Compliance & Consumer Affairs  
Washington, DC 20429 \* 800-934-FDIC

**Air, surface, or rail common carriers regulated by former Civil Aeronautics**

Board of Interstate Commerce Commission  
Department of Transportation  
Office of Financial Management  
Washington, DC 20590 \* 202-366-1306

**Activities subject to the Packers and Stockyards Act, 1921**

Department of Agriculture  
Office of Deputy Administrator - GIPSA  
Washington, DC 20250 \* 202-720-7051



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**ALL FIELDS MUST BE COMPLETED**

***Please read carefully before signing:***

I certify that all statements and answers on this Employment Application are true, correct and complete.

I understand that any false information, misrepresentation or omission may disqualify me from consideration for employment, or may result in termination of my employment if discovered at a later date.

I understand that if I am employed, employment is not for a stated period of time and my employment would be "at-will" unless modified by a collective bargaining agreement. Either Addison or I may discontinue the employment relationship at any time without cause or notice. Only the President of Addison and an officer of Madison Industries have the authority together to enter into an agreement contrary to the foregoing and then such agreement must be made in writing and duly executed by both the President of Addison, an officer of Madison Industries as well as me. I understand that satisfactory reports are a condition of my employment with Addison.

I agree to wear or use protective clothing or devices as required, and to comply with Federal, State, Local, and company safety rules.

I acknowledge that Addison may request, after a job offer has been made and/or during my employment, that I undergo drug and alcohol testing. I understand that when drug testing is undertaken, satisfactory results are a condition of employment with Addison, unless modified by any collective bargaining agreement.

**SIGNATURE:** \_\_\_\_\_

**PRINT YOUR NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_