AZHOUSTONLQCKSMITH

Employment Application

		Applicant	Informatio	n						
Full Name:)ate:			
Address:	Last		M.I.							
71001000	Street Address		Apartment/Unit #							
	City			~	State		ZIP Co	de		
Phone: ()		nail Address:						12	
Date Available: Social Security No.: Desired Salary: \$										
Position applied for: YES NO						YES	NO			
YES NO			If no, are you authorized to work in the U.S.?							
YES NO			If yes, license #							
Have you ever been convicted of a felony?										
Certificates										
		Edi	ıcation							
High School	l:	Address	:							
From:	To:	Did you graduate?	YES	NO	Degree:					
College:		Address								
From:	To:	Did you graduate	? D	NO	Degree:					
Other:		Address		110						
From:	To:	Did you graduate	? \square	NO	Degree:					
			erences	Sanda-						
Please list	three professional reference	S.								
Full Name:			Relationsh	ip:						
Company:					Phone:	()			
Address:				-						
Full Name:	ull Name: Relationship:									
Company:					Phone:	()			
Address:										
Full Name:			Relationsh	nip:						

Company:					Phone:	()	
Address:								
		Previous Er	nployr	ner	nt			
Company:					Phone:	()	
Address:					Supervisor:			
Job Title:		Starting Sa	lary:	\$		End	ling Salary:	\$
Responsibilities:								
From:	To:	Reason for Lea	10 To		NO			
May we contact your pr	evious supervisor f	or a reference?	YES		NO 			
Company:					Phone	: ()	
Address:					Supervisor	:		
Job Title:		Starting Sa	alary:	\$		End	ding Salary:	\$
Responsibilities:								
From:	To:	Reason for Lea						
May we contact your p	revious supervisor	for a reference?	YES		NO			
Company:					Phone	e: ()	
Address:					Supervisor	Τ.		
Job Title:		Starting S	alary:	\$		En	ding Salary:	\$
Responsibilities:								
From:	To:	Reason for Lea						
May we contact your p	revious supervisor	for a reference?	YES		NO			
		Military	Servi	ce				
Branch?					From		To:	
Rank at Discharge:			Туре	of	Discharge:		*5	
If other than honorable	e explain:							
		Disclaimer a	and Si	gna	ture			
I certify that my answ If this application lea may result in my rele	ds to employment,					ation i	n my applica	ation or interview

Pre-Employment Inquiry Release

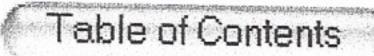
In connection with, and duration of my employment (including contract for services) with you, I understand that investigative background inquires are to be made on myself including consumer, criminal, driving, and other reports. These reports will include information as to my general reputation, character, mode of living, work habits, performance and experience along with reasons for termination of past employment from previous employers.

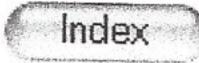
Further, I understand that you will be requesting information from various federal, state and other agencies which maintain public and non-public records concerning my past activities relating to my driving, credit, civil, education and other experiences.

I authorize, without reservation, any party or agency contacted by this employer to

furnish the above mentioned information:		
Applicant Name	//	Social Security #
Alias/Maiden Name (s)		
Current Address City & State Zip Code		
Prospective Employer		
Drivers License # State		
Applicant's Signature		_ Date

^{*}Date of Birth is being requested in order to obtain accurate retrieval of records.







Top Ten Tips Disclaimer

DRUG AND/OR ALCOHOL TESTING CONSENT FORM

DRUG AND/OR ALCOHOL TESTING

DRUG AND/OR ALCOHOL TESTING
I hereby agree, upon a request made under the drug/alcohol testing policy of
I understand that only duly-authorized Company officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.
I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.
This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.
I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.
[Important note for the company [omit this from any consent form!]: Remember, "involved in an on-the-job accident or injury" means not only the one who was injured, but also anyone who arguably or potentially contributed to the accident or injury event in any way, i.e., the person suspected of causing someone else to get hurt gets tested as well. Testing only accident or injury victims can, in the eyes of some, appear to be a way of discouraging workers from filing workers' compensation claims, and that in turn can have a very unfavorable effect on workers' compensation retaliatory discharge lawsuits. See the sample: drug/alcohol testing policy for an idea on how to reflect that caution in the policy.]
Signature of Employee Date
Employee's Name - Printed