



## APPLICANT INFORMATION

Last Name	First Name	Middle Name	Social Security Number
			- -
Address	City	State	Zip Code
			Phone Number ( ) -
Email Address			Alternate Phone Number ( ) -
Position or Type of Work Applied For			Rate of Pay Expected \$ per

## GENERAL INFORMATION

What days and hours are you available to work?

On what date are you available to start work? Can you work overtime?  YES  NO

Are you at least eighteen ( 18 ) years old?  YES  NO

▶ If not, can you provide a valid Work Permit, High School Diploma or equivalent?  YES  NO

What languages to you speak, read or write fluently?

If hired, can you verify that you have the legal right to work in the United States of America?  YES  NO

How long have you lived at your current address?

Are you presently on layoff from another job and subject to recall?  YES  NO

▶ If so, please explain:

Have you served in the Armed Forces?  YES  NO If so, what Branch?

Do you have any special skills, training or experience which may help you qualify for employment?  YES  NO

▶ If so, please explain:

Do any of your relatives work for MCR Services, Inc?  YES  NO If so, who?

Have you previously applied for work at MCR Services?  YES  NO If so, when?

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses?  YES  NO

▶ If so, please explain:

Do you have a valid Driver's License?  YES  NO If no, please explain:

How did you find out about this opportunity?

## EDUCATIONAL BACKGROUND

Type of School	Name and Address	Graduated?	Course or Major
1. <input type="checkbox"/> High School		<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. <input type="checkbox"/> Trade School		<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. <input type="checkbox"/> College		<input type="checkbox"/> YES <input type="checkbox"/> NO	
4. <input type="checkbox"/> Post Graduate		<input type="checkbox"/> YES <input type="checkbox"/> NO	
5. <input type="checkbox"/> Other		<input type="checkbox"/> YES <input type="checkbox"/> NO	

# EMPLOYMENT EXPERIENCE

Please start with your most recent job and include all periods of employment, self-employment, job-related military service and volunteer work. If additional space is required, you may append another sheet to this application if you wish.

From: <input type="text"/>	Employer's Name / Address / Phone #	Start Pay:	Job Title:
		Last Pay:	Reason For Leaving:
		Supervisor:	
To: <input type="text"/>			

Describe the Work You Did:

From: <input type="text"/>	Employer's Name / Address / Phone #	Start Pay:	Job Title:
		Last Pay:	Reason For Leaving:
		Supervisor:	
To: <input type="text"/>			

Describe the Work You Did:

From: <input type="text"/>	Employer's Name / Address / Phone #	Start Pay:	Job Title:
		Last Pay:	Reason For Leaving:
		Supervisor:	
To: <input type="text"/>			

Describe the Work You Did:

May we contact the employers listed above?  YES  NO Please indicate below any you don't want contacted:

# PERSONAL REFERENCES

Please do not list relatives or former employers.

Name & Occupation	Address	Phone Numbers
		( ) -
		( ) -
		( ) -
		( ) -

I certify that the information I have provided herein is true and correct to the best of my knowledge. I understand that, if employed, falsified statements on this Application for Employment will be considered grounds for termination at any point in the future.

I authorize **MCR Services, Inc.** to thoroughly investigate my work experience and any other matters related to my suitability for employment. I further authorize all individuals, schools and firms named herein, including my former employers (except my current employer if so noted) to disclose to **MCR Services, Inc.** any and all information they may have about me or my previous employment. In addition, I hereby release **MCR Services, Inc.**, my former employers and all other persons from any and all claims, demands or liabilities arising out of, or in any way related to, such disclosure.

I acknowledge that, prior to and during my employment, **MCR Services, Inc.** may require any legal testing and/or examination, including but not limited to, medical, physical, drug and/or alcohol, psychological and skill and aptitude. I further acknowledge that, as a Drug-Free Workplace, **MCR Services, Inc.** requires that any applicant or new hire submit to a drug screening prior to reporting for the first day of work, as a condition of employment. I understand that should I refuse to take such a test, I will be denied employment. A positive test will result in my dismissal prior to starting employment.

If hired, I agree to conform to the rules and regulations of **MCR Services, Inc.** I understand and agree that, if hired, my employment will be at will and that my employment can be terminated with or without notice at any time at my option or at that of **MCR Services, Inc.** I understand that no representative of **MCR Services, Inc.**, other than the President, Wade F. Hungerford, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, and that furthermore any such agreement must be done in writing and acknowledged by our respective signatures.

I agree that any claim or lawsuit relating to my service with **MCR Services, Inc.** or any of its subsidiaries must be filed no more than six (6) months after the date of employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Applicant's Signature ( READ CAREFULLY BEFORE SIGNING )	Date	SUBSTANCE-FREE WORKPLACE	



## Pre-Employment Testing Policy

I, \_\_\_\_\_, understand that as a final candidate for hiring by MCR Services, Inc. I will receive a conditional offer for employment based in part upon my consent and submission to a drug test; that this drug test will be performed on a specimen of urine which I give voluntarily, and that, for accuracy, if the initial test is positive the test will be confirmed through a second, more comprehensive test (GC/MS).

I understand that as a result of refusing to take the pre-employment drug test or if there is a positive result on such a test, I will not qualify for employment with MCR Services, Inc. and any employment offer extended or employment already begun will be withdrawn. I further understand that any employment offer extended to me is subject to MCR Services, Inc.'s final review and approval of my application and hiring even if I have a negative result on my pre-employment drug test. This testing policy does not modify the employment-at-will status between me and MCR Services, Inc.

I understand that to receive the results of my pre-employment drug test, I must submit a written and signed request to MCR Services, Inc. The test results will then be made available to me within sixty days from MCR Services, Inc.'s receipt of the request.

I also understand that to promote safety and health of its workforce and as a condition of employment, MCR Services, Inc. requires employees to comply with the Company's Substance-Free Workplace Policy, which includes consenting to drug and alcohol testing.

My signature verifies that I have reviewed and understand this pre-employment drug testing policy of MCR Services, Inc. Further, I agree to submit to a pre-employment drug test and to allow the release of test results to MCR Services, Inc.

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

# Release Authorization



## Applicant Complete the Following

In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

1. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, will be notified and given the name and address of the agency or the source that provided the information.
2. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
3. Minnesota, Oklahoma and California applicants only. If you want a copy of the report(s) ordered. Check this box LI. The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524.
4. I hereby authorize, without reservation, any law enforcement agency institution, information service bureau, school, employer, reference or insurance company contacted by **MCR Services, Inc.** or its agent, to furnish the information described in Section 1.
5. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to **MCR Services, Inc.** This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of 004 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name	Last	First	Middle
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Please print other names you have used in the past	①	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	②	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Street Address	<input style="width: 100%;" type="text"/>		
	City	State	Zip Code
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, WI

Sex:       Male       Female

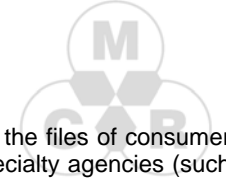
Race:       Asian       Black       Hispanic       White       Other

Driver's License Number	State Issuing License	Restrictions
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Name exactly as it appears on License

Signature	Today's Date
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Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Avenue Northwest, Washington, DC 20580.



## A 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 [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 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.
- ▶ **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 more than 10 years old.
- ▶ **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.
- ▶ **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:**



<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	<b>Federal Trade Commission: Consumer Response Center - FCRA</b> Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "NA." appear in or after bank's name)	<b>Office of the Comptroller of the Currency Compliance Management</b> Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches / agencies of foreign banks)	<b>Federal Reserve Board Division of Consumer &amp; Community Affairs</b> 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)	<b>Office of Thrift Supervision Consumer Complaints</b> Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	<b>National Credit Union Administration</b> 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	<b>Federal Deposit Insurance Corporation Consumer Response Center</b> 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1 -877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	<b>Department of Transportation Office of Financial Management</b> Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	<b>Department of Agriculture Office of Deputy Administrator - GIPSA</b> Washington, DC 20250 202-720-7051

## **Disclosure to Employment Applicant** **Regarding Procurement of a Consumer Report**

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on the reverse side of this document.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

This report will be processed by:

**ADP Screening and Selection Services**  
**301 Remington Street**  
**Fort Collins, Colorado 80524**  
**(800) 367-5933**

**Applicant's Name:**

\_\_\_\_\_ ( Please Print )

**Applicant's Address:**

\_\_\_\_\_

**City / State / Zip:**

\_\_\_\_\_

**Signature / Date:**

\_\_\_\_\_

**Social Security Number:**

\_\_\_\_\_