| Earl Enterprises, Inc.<br>EMPLOYMENT APPLICATION<br>An Equal Opportunity Employer<br>Today's Date: |   |                  |   |               |                 |   |       | ~ Office Use Only ~<br>DOH:<br>First Work Day:<br>Site: HLRC or SPWD or CRKS<br>Dept:<br>Type: Full-Time or Part-Time<br>Rate of Pay:<br>DOB: |     |                  |
|--|---|------------------|---|---------------|-----------------|---|-------|---|-----|------------------|
| Last Name  | : Name  | e Middle Initial |   |               |                 | Social Security Number:   |       |   |     |                  |
| Street Address City/State Zip Code   |   |                  |   |               | Phone Number:   |   |       |   |     |                  |
| Email:   |   |                  |   |               |                 | Cell Number:  |       |   |     |                  |
| Emergency Contact(s)?  | e:<br>ne:   |                  |   |               | Name:<br>Phone: |   |       |   |     |                  |
| Position Desired:  | Wag   | e/Sala           | ary Desired: Full Time?<br>Part Time?   |               |                 |   |       |   |     |                  |
| Total hours per week you are available to work:  |   |                  | Do you have any special requests or needs for a work schedule?<br>What date could you begin work? |               |                 |   | lule? |   |     |                  |
|  | <b>T</b> 1  |                  |   | ilability For | W               |   |       | <b>G</b> (  | 1   | G 1              |
| Monday   | Tuesday   |                  | Wednesday   | Thursday      |                 | Friday  |       | Satur   | day | Sunday           |
| From:<br>To:   |   |                  |   |               |                 |   |       |   |     |                  |
| Briefly state any specia<br>Have you previously be   |   | •                |   |               |                 | ate to the po   |       |   | ·   | ou are applying: |
| Date you can begin<br>work?Are you 18 y  |   |                  |   |               |                 | If under 18 years of age, you will be required to submit<br>a birth certificate or work certificate as required by<br>state or federal law. |       |   |     |                  |
| Have you ever been con   | nvicted of  | a crim           | ie?   | □NO           | If              | f yes, when?  |       |   |     |                  |
| Name of high school at   | e of high school attended:                        |                  |   | City & State  |                 | Graduate?   | ? GEI |   | ?   |                  |
| Name of college or technical school:   |   |                  | City & State  |               | C               | Graduate? De  |       | Degr  | ee? | Major:           |
|  |   |                  |   |               |                 |   |       |   |     |                  |
|  |   |                  |   |               |                 |   |       |   |     |                  |
| Are you presently enrol  | If yes, give name & address of school and expecte |                  |   |               |                 | -   |       |   |     |                  |
|  |   |                  | eferences Who Are Not Former Employers W  |               |                 |   | /ho W |   |     |                  |
| Name and Occupation  |   | How              | v do you know them, and for how long?   |               |                 |   |       | Phone Number  |     |                  |
|  |   |                  |   |               |                 |   |       |   |     |                  |
|  |   |                  |   |               |                 |   |       |   |     |                  |

| Your Employment History<br>(List names of employers with present or last employer listed first) |  |  |  |  |  |
|---|--|--|--|--|--|
| May we contact current emplo  | overs before you are offered a position?           |  |  |  |  |
| Name of Employer:   | Job Title:<br>Duties:                              |  |  |  |  |
| Address:  | Dates of Employment:<br>From: To:                  |  |  |  |  |
| City, State, Zip Code   | Hourly pay or salary:Starting pay:Ending pay:      |  |  |  |  |
| Supervisor:   | Reason for Leaving:                                |  |  |  |  |
| Telephone:  |  |  |  |  |  |
| Name of Employer:   | Job Title:<br>Duties:                              |  |  |  |  |
| Address:  | Dates of Employment:From:To:                       |  |  |  |  |
| City, State, Zip Code   | Hourly pay or salary:<br>Starting pay: Ending pay: |  |  |  |  |
| Supervisor:   | Reason for Leaving:                                |  |  |  |  |
| Telephone:  |  |  |  |  |  |
| Name of Employer:   | Job Title:<br>Duties:                              |  |  |  |  |
| Address:  | Dates of Employment:From:To:                       |  |  |  |  |
| City, State, Zip Code   | Hourly pay or salary:Starting pay:Ending pay:      |  |  |  |  |
| Supervisor:   | Reason for Leaving:                                |  |  |  |  |
| Telephone:  |  |  |  |  |  |

## CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

| Signature: | Date: |
|------------|-------|
|------------|-------|

## DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with <u>\_\_\_\_\_\_</u> ("Company"), I authorize Company to request a consumer and/or investigative consumer report on me for employment purposes from **KROLL BACKGROUND AMERICA, INC.** ("Kroll"). Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers' compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Company and Kroll, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize Company to share such information only with parties in interest who have a "need to know" such information to protect them and their employees. Kroll does not sell or otherwise provide any of the information found in its background investigations to any party other than the Company.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report of which I am the subject upon my written request to Kroll. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment with Company. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

| Signature:              |                   |        |                 | Date:                             |        |                    |  |  |
|-------------------------|-------------------|--------|-----------------|-----------------------------------|--------|--------------------|--|--|
|                         | IDENTIFYING I     | INFORM | ATION FO        | ION FOR CONSUMER REPORTING AGENCY |        |                    |  |  |
| Last Name:              | ast Name:         |        | First Name:_    | Middle:                           |        |                    |  |  |
| Other Names Us          | sed               |        |                 | Years Used                        |        |                    |  |  |
| Current Address         | :                 |        |                 |                                   |        |                    |  |  |
|                         | Street /P. O. Box | City   |                 | Zip Code                          | County | Dates              |  |  |
| Former Address          | :                 |        |                 |                                   |        |                    |  |  |
|                         | Street /P. O. Box | City   |                 | Zip Code                          | County | Dates              |  |  |
| Social Security Number: |                   |        |                 | Daytime Phone Number:             |        |                    |  |  |
| E-mail Address:         |                   | C      | Priver's Licens | se Number:                        |        | State of Issuance: |  |  |
| *Date of Birth: _       |                   |        | _*Gender        |                                   |        |                    |  |  |

For CA, MN & OK Residents Only: Please provide me with a copy of my background report YES: NO For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by Kroll. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by submitting a request by mail, by appearing at Kroll's offices in person during normal business hours and on reasonable notice, or you may also receive a summary of the file by telephone after submitting a written request. Kroll has trained personnel available to explain your file to you and will provide a written explanation of any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. Kroll is located at 1900 Church St., Suite 300, Nashville, TN 37203 and may be contacted at 800-697-7189.

\*Providing year of birth and gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.

Copyright © 2007 Kroll Background America, Inc. All Rights Reserved.

## BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

In the interest of maintaining the safety and security of our customers, employees and property, Earl Enterprises, Inc. (the "Company") will order a "consumer report" (a background report) on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes.

The background check company, ADP Screening and Selection Services, will prepare the background report for the Company. ADP Screening and Selection Services is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached at 800-367-5933.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; and drug testing results. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by ADP Screening and Selection Services or another outside organization.

You may request more information about the nature and scope of an investigative consumer report, if any, by telephoning the Company at <u>828-456-8365</u>. A summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form.

## STATE SPECIFIC NOTICES

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

**CALIFORNIA**: You may view the file that ADP Screening and Selection Services has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by coming to their offices, during normal business hours and on reasonable notice, or by mail. You may also ask for a file-summary by telephone. ADP Screening and Selection Services can answer questions about information in your file, including any coded information. If you come in person, another person can come with you, so long as that person can show proper identification.

**MAINE**: If you ask us, you have the right to know whether the Company ordered an investigative consumer report on you. You may request the name, address, and telephone number of the nearest office for ADP Screening and Selection Services. You will get this information within 5 business days of our receipt of your request. You have the right to ask ADP Screening and Selection Services for a free copy of the report.

**MARYLAND:** If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

**MASSACHUSETTS/NEW JERSEY**: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from ADP Screening and Selection Services. You may inspect and order a free copy of the report by contacting ADP Screening and Selection Services.

**MINNESOTA**: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any.

**NEW YORK**: If you submit a request to us in writing, you have the right to know whether the Company ordered a consumer report or an investigative consumer report from ADP Screening and Selection Services, and you will be provided with the name and address of ADP Screening and Selection Services. You may inspect and order a free copy of the reports by contacting ADP Screening and Selection Services. A copy of Article 23A of the New York Correction Law is being provided with this form.

**OREGON:** If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

**WASHINGTON STATE:** If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report we ordered, if any. You also have the right to ask ADP Screening and Selection Services for a written summary of your rights under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.