



NAME: _____ DATE: _____

SSN: _____ DATE OF BIRTH: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

RESIDENCY LAST 3 YEARS (IF DIFFERENT FROM ABOVE)

_____ FROM _____ TO _____
 _____ FROM _____ TO _____
 _____ FROM _____ TO _____

ALL UNEXPIRED LICENSE(S) AND/OR PERMIT(S)

STATE	DRIVER LICENSE #	TYPE	EXPIRATION DATE

ACCIDENT RECORD - PAST 3 YEARS (IF NONE, WRITE NONE)

DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATE FROM	DATE TO	APPROXIMATE NUMBER OF MILES
STRAIGHT TRUCK				
TRACTOR & SEMI TRAILER				
OTHER				

**TRAFFIC CONVICTIONS/FORFEITURES - PAST 3 YEARS
(OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

**EMPLOYMENT HISTORY
(ATTACH A SEPARATE SHEET IF NEEDED)
LIST EMPLOYMENT FOR THE LAST 10 YEARS**

EMPLOYER NAME: _____ PHONE: _____
 ADDRESS: _____ SALARY: _____
 POSITION: _____ FROM: _____ TO: _____
 REASON FOR LEAVING: _____
 WERE YOU IN AN ACTIVE DRUG/ALCOHOL TESTING PROGRAM: _____

EMPLOYER NAME: _____ PHONE: _____
 ADDRESS: _____ SALARY: _____
 POSITION: _____ FROM: _____ TO: _____
 REASON FOR LEAVING: _____
 WERE YOU IN AN ACTIVE DRUG/ALCOHOL TESTING PROGRAM: _____

EMPLOYER NAME: _____ PHONE: _____
 ADDRESS: _____ SALARY: _____
 POSITION: _____ FROM: _____ TO: _____
 REASON FOR LEAVING: _____
 WERE YOU IN AN ACTIVE DRUG/ALCOHOL TESTING PROGRAM: _____

EMPLOYER NAME: _____ PHONE: _____
 ADDRESS: _____ SALARY: _____
 POSITION: _____ FROM: _____ TO: _____
 REASON FOR LEAVING: _____
 WERE YOU IN AN ACTIVE DRUG/ALCOHOL TESTING PROGRAM: _____

EMPLOYER NAME: _____ PHONE: _____
 ADDRESS: _____ SALARY: _____
 POSITION: _____ FROM: _____ TO: _____
 REASON FOR LEAVING: _____
 WERE YOU IN AN ACTIVE DRUG/ALCOHOL TESTING PROGRAM: _____

HAVE YOU EVER HAD ANY TYPE OF MOTOR VEHICLE LICENSE SUSPENDED OR REVOKED, OR EVER BEEN DENIED A LICENSE/PERMIT? YES_____ NO_____

DO YOU HAVE A PENDING CHARGE OR PAST CONVICTION FOR DRIVING WHILE INTOXICATED? YES_____ NO_____

DO YOU HAVE A PENDING CHARGE OR PAST CONVICTION FOR POSSESSION OF A CONTROLLED SUBSTANCE? YES_____ NO_____

DO YOU HAVE A PENDING CHARGE OR PAST CONVICTION FOR ANY FELONY OR MISDEMEANOR OFFENSE? YES_____ NO_____

HAVE YOU EVER BEEN REFUSED LIABILITY INSURANCE? YES_____ NO_____

APPLICATION ADDENDUM

FEDERAL MOTOR CARRIER SAFETY REGULATIONS §40.25 (J) THE EMPLOYER MUST ASK THE EMPLOYEE WHETHER HE/SHE HAS TESTED POSITIVE OR REFUSED TO TEST ON ANY PRE-EMPLOYMENT DRUG AND/OR ALCOHOL TEST ADMINISTERED BY AN EMPLOYER TO WHICH THE EMPLOYEE APPLIED FOR, BUT DID NOT OBTAIN, SAFETY SENSITIVE TRANSPORTATION WORK COVERED BY DOT AGENCY DRUG AND ALCOHOL TESTING RULES DURING THE PAST TWO YEARS

HAVE YOU TESTED POSITIVE OR REFUSED TO TEST ON ANY PRE-EMPLOYMENT DRUG TEST OR HAVE YOU TESTED .02 OR GREATER, OR REFUSED TO TEST ON ANY PRE-EMPLOYMENT ALCOHOL TEST DURING THE PAST TWO YEARS? YES_____ NO_____

RIGHTS

PURSUANT TO 49CFR, PART 391.23 (J) YOU HAVE THE FOLLOWING RIGHTS REGARDING INVESTIGATIVE INFORMATION: 1. THE RIGHT TO REVIEW INFORMATION PROVIDED BY PREVIOUS EMPLOYERS 2. THE RIGHT TO HAVE ERRORS IN INFORMATION CORRECTED BY THE PREVIOUS EMPLOYER AND FOR THAT PREVIOUS EMPLOYER TO RE-SEND THE CORRECTED INFORMATION TO THE PROSPECTIVE EMPLOYER 3. THE RIGHT TO HAVE A REBUTTAL STATEMENT ATTACHED TO THE ALLEGED ERRONEOUS INFORMATION IF THE PREVIOUS EMPLOYER AND THE EMPLOYEE CANNOT AGREE ON THE ACCURACY OF THE INFORMATION

TO BE READ AND SIGNED BY APPLICANT

THIS CERTIFIES THAT I COMPLETED THIS APPLICATION AND THAT ALL ENTRIES AND INFORMATION ON IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE GEOLOGIC EXPLORATION, INC TO MAKE SUCH INVESTIGATIONS AND INQUIRE OF MY PERSONAL, EMPLOYMENT, FINANCIAL, DRIVING HISTORY, MEDICAL HISTORY AND ANY OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. (GENERALLY, INQUIRES REGARDING MEDICAL HISTORY WILL BE MADE ONLY IF AND AFTER A CONDITIONAL OFFER OF EMPLOYMENT HAS BEEN EXTENDED) I HEREBY RELEASE EMPLOYERS, SCHOOLS, HEALTHCARE PROVIDERS AND OTHER PERSONS FROM ALL LIABILITY IN RESPONSE TO INQUIRIES AND RELEASING INFORMATION IN CONNECTION WITH MY APPLICATION. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN IMMEDIATE DISCHARGE. I UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS SET FORTH BY GEOLOGIC EXPLORATION, INC.

APPLICANT NAME: _____ DATE: _____

APPLICANT SIGNATURE: _____



NAME: _____ DATE: _____

BEST TIME TO CONTACT YOU IS _____ AM/PM PHONE: _____

HAVE YOU FILED AN APPLICATION WITH US BEFORE? _____

IF YOU ANSWERED YES - DATE _____

HAVE YOU BEEN EMPLOYED WITH US BEFORE? _____

IF YES - DATE _____ WHY DID YOU LEAVE? _____

DO YOU HAVE FRIENDS/RELATIVES EMPLOYED WITH US? _____

IF YOU ANSWERED YES - WHO _____

ARE YOU CURRENTLY EMPLOYED? _____ IF YES, WHERE _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

ARE YOU ON "LAY OFF" STATUS AND SUBJECT TO RECALL? _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY

BECAUSE OF VISA OR IMMIGRATION STATUS? _____

PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT

DATE AVAILABLE FOR WORK: _____ DESIRED SALARY: _____

WHAT IS YOUR ABILITY TO TRAVELOVERNIGHT? _____

EDUCATION

	NAME OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/ DEGREE
HIGH SCHOOL				
COLLEGE				
TRADE SCHOOL				
OTHER (SPECIFY)				

JOB RELATED TRAINING/SPECIALIZED SKILLS

JOB RELATED LICENSE AND/OR CERTIFICATION

REFERENCES

NAME	ADDRESS	PHONE

I CERTIFY THAT THE ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION AND/OR INTERVIEW MAY RESULT IN IMMEDIATE DISCHARGE. I UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES /REGULATIONS

NAME: _____ DATE: _____

SIGNATURE: _____

RELEASE AUTHORIZATION FORM

Geologic Exploration Amy Padgett

P: 704.872.7686 F: 704.872.0248

Return Reports: EMAIL – apadgett@gexnc.com

To the extent permitted by applicable state law, I hereby consent to this investigation and authorize **Geologic Exploration** (referenced as "company" throughout this document) to procure consumer reports, criminal background checks, investigative consumer reports (as defined by law), on my background from a consumer reporting agency (CRA) or from an investigative consumer reporting agency (ICRA), as described in the Background Check Disclosures, the State Disclosures, and the California State Law Disclosures (all of which I have received from the company). I have reviewed and understand the information, statements, and notices in all the disclosures provided to me as mentioned above by the company, as well as this Release Authorization Form. My authorization remains valid throughout my employment with the company, such that, to the extent permitted by applicable law, I agree company can procure additional consumer reports, criminal background checks, and/or investigative consumer reports (as defined by federal law) during my employment without providing additional disclosures or obtained additional authorizations. Except as otherwise prohibited by state law, I consent to and authorize the company to share this information with Company's current or prospective clients, customers, others with a need to know, and/or their agents for business reasons. Information is not limited and may include drug test results and personal verification history. Furthermore, I release any and all employers, bureaus, agencies, individuals, data organizations, or companies, including Before You Hire, Inc. from all liabilities of damages that might occur from information obtained. I understand that the information regarding sex, race, and date of birth are for the sole purpose of gathering the information accurately and will not be used to discriminate against me in violation of any law. A facsimile (FAX) or photocopy of this release form shall be as valid as the original.

Applicant/Employee Personal Information *please print CLEARLY*

Name (First) _____ (Middle) _____ (Last) _____

List any other name used in the last 7 years (Maiden name) _____

Address: _____ City _____ State _____ Zip _____

County _____ Driver's License # _____ State _____

Gender: Male Female Race: _____ Phone (_____) _____ - _____

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Month / Day / Year

List other cities or towns that you have lived in the last 7 years:

Dates _____ / _____ to _____ / _____

City _____ County _____ State _____ Zip _____

Dates _____ / _____ to _____ / _____

City _____ County _____ State _____ Zip _____

Applicant/Employee Signature _____ **Date** _____

**** OFFICE USE ONLY **** Please Indicate Services Needed – If not marked, reports will NOT be processed!

<input type="checkbox"/>	Statewide Criminal Report (Indicate States Needed) >>
<input type="checkbox"/>	Motor Vehicle Report
<input type="checkbox"/>	National Sex Offender Report
<input type="checkbox"/>	SS#/Address Verification Report
<input type="checkbox"/>	Nationwide Sweep Background Report
<input type="checkbox"/>	Federal Statewide Criminal (Indicate States Needed) >>
<input type="checkbox"/>	Education Verification (Information Required > Institution Name/State, Name at Graduation, & Year of Graduation)
<input type="checkbox"/>	Employment Verification (Application/Resume Required)
<input type="checkbox"/>	Other Services/Special Notes:

BEFORE YOU HIRE, INC.

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