



# EMPLOYMENT APPLICATION

For Barron Service Parts Co. and Stockton Service Parts Co.



## PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Drivers Lic. No. \_\_\_\_\_

City, Zip \_\_\_\_\_ Telephone \_\_\_\_\_

<b>EDUCATION</b>				
School Level	Name & Location of School	# yrs. attended	Did you graduate?	Subjects Studied
High School				
College				
Trade, Business, or Correspondence School				

### FORMER EMPLOYERS (List Below Last Three (3) Employers, Starting With Last One First)

1. \_\_\_\_\_  

Name	Address	Phone
Supervisor	Hourly Wage	Average No. of Hours
Term of Employment	Job Title	
Reason for Leaving		
  
2. \_\_\_\_\_  

Name	Address	Phone
Supervisor	Hourly Wage	Average No. of Hours
Term of Employment	Job Title	
Reason for Leaving		
  
3. \_\_\_\_\_  

Name	Address	Phone
Supervisor	Hourly Wage	Average No. of Hours
Term of Employment	Job Title	
Reason for Leaving		

**REFERENCES**

1. \_\_\_\_\_  
 Name Address City, State, Zip

\_\_\_\_\_  
 Years Acquainted Occupation Phone

2. \_\_\_\_\_  
 Name Address City, State, Zip

\_\_\_\_\_  
 Years Acquainted Occupation Phone

3. \_\_\_\_\_  
 Name Address City, State, Zip

\_\_\_\_\_  
 Years Acquainted Occupation Phone

**GENERAL INFORMATION**

Special Skills? \_\_\_\_\_

Special Training? \_\_\_\_\_

U.S. Military Service? \_\_\_\_\_ Discharge Rank? \_\_\_\_\_

Present Membership in National Guard or Reserves? \_\_\_\_\_

Date Your Obligation Ends? \_\_\_\_\_

**SPECIAL INFORMATION**

Citizen of the United States \_\_\_\_\_

Do you speak any foreign languages? \_\_\_\_\_ Which? \_\_\_\_\_

Have you ever been seriously injured? \_\_\_\_\_

Are you 18 in years or older? \_\_\_\_\_

**EMPLOYMENT DESIRED**

\_\_\_\_\_  
 Position / Location Date you can start Salary Desired

\_\_\_\_\_  
 Are you employed now? If so, may we inquire of your present employer?

\_\_\_\_\_  
 Ever applied to this company before? Where? When?

\_\_\_\_\_  
 Who referred you to this company?  Employment agency  Newspaper ad

State employment office  College placement service  Walked-in  Friend  Other

*\*we drug test all applicants considered for employment*

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

**Disclosure and Authorization Pertaining to Consumer Reports  
Pursuant to the Fair Credit Reporting Act**

This is an authorization for Barron Service Parts Co. (BSP) to obtain one or more consumer/credit reports about you in connection with your application for employment or in the course of your employment with BSP. One or more reports about you may be for employment purposes, including evaluating your fitness for employment, promotion, reassignment or retention. The results will be provided to BSP.

I, \_\_\_\_\_, hereby authorize BSP and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, and driving records, including those records maintained by both public and private organizations and all public records for the purpose of confirming the information contained in my application for employment and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with BSP. I understand and acknowledge that my failure to disclose the fact of any criminal conviction(s) which became final prior to or which become final during any term of employment with BSP is subject to discipline, up to and including termination. I also acknowledge receipt of the document titled "Summary of Your Rights under the Fair Credit Reporting Act."

I release BSP and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date

## A Summary of your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information used in the process of granting credits. This information is supplied by public record sources, credit grantors and others to credit reporting agencies (CRA's) who organize and store that information for distribution to credit grantors, employers and insurers who are making credit, employment and insurance decisions about you. The FCRA gives suppliers and users credit information and CRA's specific responsibilities in connection with their respective roles in the credit granting and reporting process. The FCRA also gives you specific rights in dealing with these entities, as summarized below. You can find the complete text of the FCRA, 15 U.S.C. 1681 et seq., at the federal Trade Commission's web site (<http://www.ftc.gov>). You may have additional rights under Texas law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **Access to your file is limited.** Your file may only be accessed by those who have a permissible purpose recognized by the FCRA—usually to consider an application you have submitted to a creditor, insurer, employer, landlord, or other business, or to consider you for an unsolicited offer of credit.
- **Your consent is required for reports that are provided to employers or that contain medical information.** A CRA may not give a report about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You can find out what is in your file.** Upon request, a CRA must give you all the information in your file and a list of everyone who has requested it recently. However, you are not entitled to any information concerning “risk scores”, “credit scores”, or other economic predictors that are in your file. There is no charge for the reports if a third party used the information in your file to take unfavorable action toward you and you request the report within 60 days of receiving notice that the information in your file was used by a third party unfavorably. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You must be told if information in your file was a factor considered by a third party who took unfavorable actions toward you.** Upon your request, anyone who considers information from a CRA and who takes unfavorable actions toward you—such as denying an application for credit, insurance, or employment—must give you the name, address, and phone number of the CRA that provided the information. Keep in mind that the third party, not the CRA, took the unfavorable action toward you and that the CRA will not be able to provide you with the reason for the unfavorable action.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must reinvestigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (the source also must advise national CRA's—to which it has provided data—of any error.) The CRA must give you written report of the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your dispute statement in the future reports. If an item is deleted or dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

- **Inaccurate information must be corrected or deleted.** A CRA must remove inaccurate information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell the third party who furnished information to a CRA—such as a creditor who reports to a CRA—that you dispute an item, it may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old (ten years for bankruptcies).
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use your file information as basis of sending you unsolicited offers of credit or insurance. Such offers must include a toll-free telephone number for you to call and tell the CRA if you want your name and address removed from future lists or offers. If you notify the CRA through the toll-free number, it must keep you off the lists for two years. If you request, complete and return the CRA form provided for this purpose, you can have your name and address removed indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

**Agreement and Consent to  
Drug and/or Alcohol Testing**

I, \_\_\_\_\_, hereby give my consent to undergo a pre-employment drug and/or alcohol test requested by Barron Service Parts Co. ("BSP") and to furnish a sample of my urine, breath, and/or blood for analysis. I understand that my current illegal use of drugs and/or abuse of alcohol will prohibit me from obtaining employment with BSP. I authorize and give full permission to have BSP and/or its authorized agents and physicians to send any specimen(s) so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to BSP.

I also agree, upon any post-employment request made under the drug/alcohol testing policy of BSP, a copy of which has been furnished to me, to submit to a drug and/or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under BSP's policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to penalties up to and including immediate termination. I authorize and give full permission to have BSP and/or its authorized agents and physicians to send the specimen(s) so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to BSP.

I will hold harmless BSP, its agents and physicians, and any testing laboratory BSP 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 denial of employment or loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test. I will further hold harmless BSP, its agents and physicians, and any testing laboratory BSP 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.

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 ALSO UNDERSTAND THAT BSP WILL REQUIRE A POST-EMPLOYMENT DRUG SCREEN TEST 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.

\_\_\_\_\_  
Applicant/Employee Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Telephone (w/area code)

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Date