



Application for Employment
Residential Elevators

2910 Kerry Forest Parkway, D4-1
Tallahassee, FL 32309

Date:

Personal Information

Name:		Home Phone:
Preferred Name:		Additional Phone:
Address:		
City	County:	
State:	Zip:	email:

Education

	Name and Location	From	To	Degree Earned	Date Graduated
High School:					
College:					
Other:					

Special Skills or Training (Applicable to Employment)

Employment History (Start With Most Recent)

Employer:	From Date:	Starting Pay:
Job Title:	To Date:	Ending Pay:
Phone:	Supervisor's Name:	May We Contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Duties:		
Reason for Leaving:		

Employer:	From Date:	Starting Pay:
Job Title:	To Date:	Ending Pay:
Phone:	Supervisor's Name:	May We Contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Duties:		
Reason for Leaving:		

Employer:	From Date:	Starting Pay:
Job Title:	To Date:	Ending Pay:
Phone:	Supervisor's Name:	May We Contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Duties:		
Reason for Leaving:		

Employer:	From Date:	Starting Pay:
Job Title:	To Date:	Ending Pay:
Phone:	Supervisor's Name:	May We Contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Duties:		
Reason for Leaving:		

Military Service (if applicable)

Branch:	Rank:	From Date:	Starting Pay:
Duties:		To Date:	Ending Pay:
Reason for Change in Rank:			
Branch:	Rank:	From Date:	Starting Pay:
Duties:		To Date:	Ending Pay:
List any Special Schooling and Skills Acquired During Military Service			

Misc. Information

Have you ever filed a claim with Workers Compensation Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide date(s) and details.
Have you ever been convicted of a felony or misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide date(s), County, State and details.
Do you have an insurable driving record? Yes <input type="checkbox"/> No <input type="checkbox"/>
Position applied for:
Location: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
How did you hear about this job?
Who were you referred by?
Have you worked here before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how long? Position:
Reason for leaving:
List any friends or relatives working with us now:

References – List only persons we may contact (be sure to include phone number)

Name	Address	Relationship	Phone Number

Applicant: READ AND SIGN BELOW:

The information provided by me in this application for employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statement will be considered as cause for dismissal.	
Applicant's Signature: _____	Date: _____



MVR RELEASE FORM

I hereby authorize Residential Elevators and its agent to request and receive any motor vehicle or driving history record pertaining to me which may be in the files of any state or local Department of Motor Vehicles Agency. This information may be used for the purpose of hiring, employment underwriting, securing insurance coverage, or other lawful purpose.

Print Full Name of Employee or Applicant: _____
First Middle Last

Address: _____

City and State and Zip: _____

Driver's License #: _____ State: _____

Date of Birth: _____ Sex: Male _____ Female _____

Social Security Number: _____

Today's Date: _____

Signature: _____

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled **DISCLOSURE REGARDING BACKGROUND INVESTIGATION** and **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT** and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by _____ (“Employer”) at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Verified First, 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642; Tel. # 1-888-670-9564; www.VerifiedFirst.com and/or Employer.** I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

New York City applicants only: You acknowledge and authorize the Employer to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Employer.

PLEASE COMPLETE ALL FIELDS BELOW

Last Name		First Name		Middle Name <small>check box if no middle name</small>	
Social Security Number* ###-##-####		Date of Birth* month/date/year		Email Address <small>required</small>	
Driver's License Number	Issuing State*	Former Names/Aliases <small>separate aliases with comma</small>			

CURRENT ADDRESS

Street		Apt/Unit	
City	State	Zip	

FORMER EMPLOYER

Company		City, State	
Position		Dates of Employment	

*This information will be used for background screening purposes only and will not be used as hiring criteria.

Applicant Signature

Date



DISCLOSURE REGARDING "INVESTIGATIVE CONSUMER REPORT" BACKGROUND INVESTIGATION

Residential Elevators (the "Company"), to which you have applied for employment, may request an investigative consumer report about you from a third party consumer reporting agency, in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics or mode of living. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

You have the right, upon written request made within a reasonable time, to request (1) whether an investigative consumer report has been obtained about you, (2) disclosure of the nature and scope of any investigative consumer report and (3) a copy of your report. These reports will be conducted by **Verified First, 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642; Tel. # 888.670.9564; www.verifiedfirst.com**. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of investigative consumer reports throughout the course of your employment to the extent permitted by law.