

# Application For Employment

PrimeSource Healthcare is an equal opportunity employer. All applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital status, disability or handicap, or any other category protected by law.

*(PLEASE PRINT)*

<b>Position(s) Applied For</b>			<b>Date of Application</b>		
<b>How Did You Learn About Us?</b>					
<input type="checkbox"/> Newspaper Advertisement		<input type="checkbox"/> CareerBuilder		<input type="checkbox"/> Friend	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Other _____					
<input type="checkbox"/> PrimeSource Associate Referral Name _____					
<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	
<b>Address</b>	<i>Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Telephone Number(s) _____					

If hired can you provide written documentation that you are authorized to work in the United States?  Yes  No

Have you ever filed an application with us before?  Yes  No  
 If yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No If yes, give date \_\_\_\_\_

Do you have any relatives employed by PrimeSource?  Yes  No  
 If yes: Name \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No  
*Conviction will not necessarily disqualify an applicant from employment.*

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# EMPLOYMENT EXPERIENCE

Start with your present or last job and complete fully. PLEASE DO NOT WRITE "SEE RESUME". Include any job-related military service assignments and volunteer activities.

1	Employer	<b>Dates Employed</b>		<b>Work Performed</b>
		From	To	
	Address			
	City	State	Zip	
	Telephone Number(s)	<b>Hourly Salary</b>		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2	Employer	<b>Dates Employed</b>		<b>Work Performed</b>
		From	To	
	Address			
	City	State	Zip	
	Telephone Number(s)	<b>Hourly Salary</b>		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3	Employer	<b>Dates Employed</b>		<b>Work Performed</b>
		From	To	
	Address			
	City	State	Zip	
	Telephone Number(s)	<b>Hourly Salary</b>		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4	Employer	<b>Dates Employed</b>		<b>Work Performed</b>
		From	To	
	Address			
	City	State	Zip	
	Telephone Number(s)	<b>Hourly Salary</b>		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

**List professional, trade, business or civic activities and offices held.**

*You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

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## Education

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	Name Of School	Address Of School	Course of Study	Years Completed	Diploma Degree
<b>High School</b>					
<b>Undergraduate College</b>					
<b>Graduate Professional</b>					
<b>Other (Specify)</b>					

**Indicate any foreign languages you can speak, read and / or write**

	FLUENT	GOOD	FAIR
<b>SPEAK</b>			
<b>READ</b>			
<b>WRITE</b>			

**Describe any specialized training, apprenticeship, skills and extra-curricular activities.**

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**Describe any job-related training received in the United States military.**

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## **Additional Information**

### **Computer Skills**

**Check All That Apply**

Other (list):

\_\_\_\_ MS WORD

\_\_\_\_ EXCEL

\_\_\_\_ POWERPOINT

\_\_\_\_ ACCESS

\_\_\_\_ ACT

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**State any additional information you feel may be helpful to us in considering your application.**

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## **Professional References**

1. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone #  
\_\_\_\_\_  
Address City State Zip

2. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone #  
\_\_\_\_\_  
Address City State Zip

3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone #  
\_\_\_\_\_  
Address City State Zip

## Applicant's Statement

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I authorize the release of any and all information as requested by PrimeSource Healthcare regarding employment, including but not limited to, salary, dates of employment, job performance, etc. In addition, I authorize schools and individuals to provide any information requested by PrimeSource Healthcare. I release any company, school, or individual from any and all liability by providing this information.

This application for employment shall be considered active for a period of time not to exceed six (6) months. Any applicant wishing to be considered for employment beyond this time must submit a new application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the PrimeSource Healthcare may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed except in writing by the President/CEO of PrimeSource Healthcare.

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that false or misleading information given in my application or interview(s), or willful omission of information, shall be sufficient cause for dismissal or refusal of employment. I understand, also, that I am required to abide by all rules and regulations of PrimeSource Healthcare.

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

\_\_\_\_\_  
Date

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

In connection with your application for employment and periodically upon my 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 in the "Summary of Your Rights under the Fair Credit Reporting Act" document.

By your signature below, you hereby authorize us to obtain a consumer report or investigative 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: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

# Release Authorization

## Applicant Complete the Following

- I. In connection with my application for employment and periodically upon my 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.
- II. 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, I will be notified and given the name and address of the agency or the source that provided the information.
- III. 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.
- IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the report(s) ordered. Check this box . 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.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by PrimeSource Healthcare or its agent, to furnish the information described in Section 1.
- VI. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to PrimeSource Healthcare. 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 0.04 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

Please print other names you have used

Home Address

City State Zip Code

Social Security Number Date of Birth

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

Name as it appears on license

Signature Today's Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 Ave. N.W., 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 130-A, 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 that are 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:**

TYPE OF BUSINESS:	CONTACT:
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 "N.A." appear in or after bank's name)	<b>Office of the Comptroller of the Currency</b> Compliance Management 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</b> Consumer Complaints 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</b> Consumer Response Center 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</b> Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	<b>Department of Agriculture</b> Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

# AFFIRMATIVE ACTION QUESTIONNAIRE

This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required Government record keeping or periodic reporting. This information is not part of your employment application, and will not be considered in the employment/selection process. If you choose to provide the information, please complete the following:

Name: \_\_\_\_\_

Title of job applied for: \_\_\_\_\_

## SEX

- Male  
 Female

## RACE/ETHNICITY

Are you Hispanic or Latino?

- Yes  
 No

If you answered "No" to "Are you Hispanic or Latino?" please indicate what race you believe yourself to be below:

- American Indian or Alaskan Native (Not Hispanic or Latino)  
 Asian (Not Hispanic or Latino)  
 Black or African American (Not Hispanic or Latino)  
 Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)  
 White (Not Hispanic or Latino)  
 Two or More Races (Not Hispanic or Latino)

## VETERANS/U.S. MILITARY STATUS

- Special Disabled Veteran
1. A veteran who is entitled to compensation under laws administered by the Dept. of Veterans Affairs for a disability (a) rated at 30% or more, or (b) rated at 10% or 20% if it has been determined that the individual has a serious employment disability; or
  2. A veteran who was discharged or released from active duty because of a service-connected disability.
- Vietnam Era Veteran
1. Served in the military, ground, naval or air service of the U.S. on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (a) in the Republic of Vietnam between 02/28/1961, and 05/07/1975; or (b) between 08/05/1964, and 05/07/1975, in all other cases; or
  2. Was discharged or released from active duty for a service connected disability if any part of such active duty was performed: (a) in the Republic of Vietnam between 02/28/1961, and 05/07/1975; or (b) between 08/05/1964, and 05/07/1975, in all other cases.
- Other Protected Veteran
1. Other protected veteran is defined as a veteran who served in the military, ground, naval or air service of the U.S. on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

PERSONAL AND CONFIDENTIAL