

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin.

PERSONAL INFORMATION

	Date	Social Security Number
Name		
Last	First	Middle
Present Address		
Street	City	State Zip
Permanent Address		
Street	City	State Zip
Phone No.	Height	Weight
State Name and Department of Any Relatives, Other Than Spouse, Already Employed By This Company.		
Referred By		

LAST

FIRST

EMPLOYMENT DESIRED

Position	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?

MIDDLE

EDUCATION	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Grammar School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Subjects of Special Study or Research Work

What Foreign Languages Do You Speak Fluently?

Read Write

Activities Other Than Religious (Civic, Athletic, etc.)

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS

FORMER EMPLOYERS List Below Last Four Employers, Starting With Last One First

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES: Give Below the Names of Three Persons Not Related To You, Whom You Have Known At Least One Year.

Name	Address	Business	Years Acquainted
1			
2			
3			

PHYSICAL RECORD: Do you have any physical condition which may limit your ability to perform the job applied for?

**In Case of
Emergency Notify**

Name

Address

Phone No.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date

Signature

DO NOT WRITE BELOW THIS LINE

Interviewed by _____ Date _____

REMARKS: _____

Neatness		Character	
Personality		Ability	

Hired _____ For Dept. _____ Position _____ Will Report _____ Salary
Wages _____

Approved: 1. _____ 2. _____ 3. _____
Employment Manager Dept. Head General Manager

RMS (CJO) Release Disclosure & Authorization

Resource Management Systems, Inc.

Ary Brothers Trucking Inc ("Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report, to request a written summary of your rights under federal law. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Employment Background Screening of Colorado, 1410 Vance Street, Suite 201, Lakewood, CO 80214, 303-233-3080, or its assignees. The scope of this notice and authorization is all-encompassing, however, allowing Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is attached.

Washington State applicants or employees 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.

I acknowledge receipt and certify I have read the above RELEASE DISCLOSURE & AUTHORIZATION and understand "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT" is available upon request. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company 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 Employment Background Screening of Colorado, 1410 Vance Street, Suite 201, Lakewood, CO 80214, 303-233-3080 or its assignees or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

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

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company, whenever you have a right to receive such a copy under California law.

PLEASE PRINT

(First)	(Middle)	(Last)	(Maiden Name or Alias)
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Current Address:

City	State	Zip
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Utah applicants or employees: Please do not provide your Date of Birth, Driver's License Number, or Social Security Number at this time. Such information may be requested upon a conditional offer of employment or at the time the background check will be run.

Date of Birth*		Social Security Number*	
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Driver's License Number		State Issued	
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Applicant's Signature		Date:	
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*This information will be used for background screening purposes only and will not be used as hiring criteria.

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT

Division of Workers' Compensation

633 17th Street, Suite 400

Denver, CO 80202-3660

Phone: (303) 318-8700 | Toll Free: (888) 396-7936

Fax: (303) 318-8710

AUTHORIZATION FOR RELEASE OF LIMITED INFORMATION TO THIRD PARTIES

Claimant Social Security Number: _____

Claimant Name: _____

Requestor (Third Party) Name: _____

Employer Business Name: _____

The above referenced claimant authorizes limited access to above-mentioned requestor to all workers' compensation files on record as stated below. This authorization shall remain in effect for ninety days from the date of claimant's signature, unless claimant notifies the Division of Workers' Compensation in writing before such time, that claimant is revoking said authorization.

Information provided shall be limited to:

- Workers' Compensation Number
- Date of Injury
- Part of Body
- Employer

Claimant's Signature (in presence of notary)

Date Signed (to be completed by claimant)

Authorization must be signed and dated by the claimant.

Notarization is required.

STATE OF _____

COUNTY OF _____

When using an embossed seal, please shade before faxing.

Subscribed and sworn to before me this

_____ day of _____, 20 ____

by _____
(Print name of claimant)

Place notary seal here

Signature of Notary Public

My commission expires: _____

Altered forms will not be accepted.