

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT DRUG SCREENING & CRIMINAL BACKGROUND CHECK REQUIRED

PLEASE PROVIDE A VALID PHOTO I.D. CARD UPON COMPLETION OF THIS APPLICATION

JOB APPLYING FOR: Superintendent / Carpenter / Helper _____ Date _____
(circle one)

Name _____ SS# _____

Address _____ City/State _____ Zip _____

Phone #1 (____) _____ Phone #2 (____) _____

Highest Level of Education Completed (circle one) 9th / 10th / 11th / 12th / other _____

LIST YOUR LAST THREE PLACES OF EMPLOYMENT:

1. _____ (____) _____
Company Name Main Phone

_____ _____
Dates Employed Position Held Pay Rate

2. _____ (____) _____
Company Name Main Phone

_____ _____
Dates Employed Position Held Pay Rate

3. _____ (____) _____
Company Name Main Phone

_____ _____
Dates Employed Position Held Pay Rate

LIST TWO OCCUPATIONAL REFERENCES:

A. Company _____ Contact _____ Phone (____) _____

B. Company _____ Contact _____ Phone (____) _____

LIST ONE PERSONAL REFERENCE (OPTIONAL):

C. Name _____ Relationship _____ Phone (____) _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

GENERAL QUESTIONNAIRE

PRE-EMPLOYMENT DRUG SCREENING & CRIMINAL BACKGROUND CHECK REQUIRED

- ◆ If under 18 years of age, can you provide proof of eligibility to work? *(circle one)* Yes / No
- ◆ Have you ever applied to us before? *(circle one)* Yes / No If yes, when? _____
- ◆ Do you have a valid driver's license? *(circle one)* Yes / No
- ◆ Are you willing to sign a DMV Information Request Form that will enable us to validate your driving record? *(circle one)* Yes / No
- ◆ Do you have transportation or can you secure same to the work site? *(circle one)* Yes / No
- ◆ Is there an income withholding order for child support against you? *(circle one)* Yes / No
- ◆ Have you ever been convicted of a crime (other than a traffic violation)? *(circle one)* Yes / No
Conviction will not necessarily disqualify you from employment. If yes, explain:

- ◆ Are you a citizen of the United States? *(circle one)* Yes / No
- ◆ If no, does your immigration status permit you to work? *(circle one)* Yes / No

Proof must be provided: Visa, green card, Social Security card, and driver's license.

I CERTIFY THAT ALL OF THE INFORMATION GIVEN ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY WILLFUL MISSTATEMENT OF FACTS HEREIN IS GROUNDS FOR DISMISSAL FROM EMPLOYEMENT WITH JAMERSON-LEWIS CONSTRUCTION, INC.

Signed: _____

Date: _____

FOR OFFICE USE

Drug Test Appt. Date/Time: _____

Drug Test Results NEG ____ POS ____

This application will be retained for at least one year as required by federal antidiscrimination statutes.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Please note the following information is for educational purposes only and does not constitute legal advice. The Summary of Rights and State Law Disclosures must be provided apart from the disclosure paragraph. Please consult with counsel prior to using this form as part of your screening process.

FOR EMPLOYMENT

FAIR CREDIT REPORTING ACT DISCLOSURE FOR THE PROCUREMENT OF CONSUMER REPORTS

Jamerson-Lewis Construction, Inc. (the “Company”) may request a consumer report and/or investigative consumer report, as defined by the federal Fair Credit Reporting Act, on you from a consumer reporting agency in connection with your employment application and for employment purposes. A consumer report is a compilation of information that might affect your employability. These reports may contain information about your character, general reputation, personal characteristics and mode of living. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and GoodHire.

THE SCREENING WILL BE CONDUCTED BY AN OUTSIDE AGENCY: Inflection Risk Solutions, LLC d/b/a GoodHire

P.O. Box 391403 Omaha, NE 68139 | Phone: 1.888.906.7351 | Fax: 650.362.1933 | support@goodhire.com | www.goodhire.com

Please note the following information is for educational purposes only and does not constitute legal advice. Please consult with counsel prior to using this form as part of your screening process.

AUTHORIZATION

I have carefully read and understand the FCRA Candidate Disclosure for the Procurement of Consumer Reports form, and if applicable, the California Candidate Disclosure for the Procurement of Investigative Consumer Reports form. I have also read and understand the attached Summary of Rights under the Fair Credit Reporting Act and State Law Disclosures. By my signature below, I authorize the Company to share the contents of this consumer report or investigative consumer report with its partners and clients in an effort to place me into an employment/independent contractor/volunteer relationship with those partners. The Company will only share the background report as necessary, and as authorized, in order to assign me to a client, partner company, or organization. I understand that if the Company hires or engages me, my consent will apply, and the Company may obtain reports throughout my employment/contract/tenure where state law allows. I also understand that the information contained in my job application or otherwise disclosed by me before or during my employment/contract/tenure, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

If applicant is younger than 18 years old, a Legal Guardian must provide his/her own email address and signature in the fields below.

- I authorize GoodHire and its agents to contact my current employer if necessary, to verify my current employment status after the following date: _____

Applicant Name _____

Legal Guardian Name (if applicant is under 18)	Applicant/Legal Guardian Email
Applicant/Legal Guardian Signature	Date

Social Security Number: _____ Date of Birth: _____

- Check this box to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report from GoodHire electronically. For a paper copy, contact GoodHire at 1-888-906-7351 or support@goodhire.com

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

Para información en español, visite www.consumerfinance.gov/learnmore o escriba a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

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). **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to : Consumer Financial Protection Bureau 1700 G Street N. W., Washington, DC 20552.**

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, of 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 a victim of identity 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, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore 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.consumerfinance.gov/learnmore for an explanation of dispute procedures. Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Incomplete, inaccurate, 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.

Please note the following information is for educational purposes only and does not constitute legal advice. The Summary of Rights and State Law Disclosures must be provided apart from the disclosure paragraph. Please consult with counsel prior to using this form as part of your screening process.

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 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.consumerfinance.gov/learnmore.

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 1-888-5-OPTOUT (1-888-567-8688).

The following FCRA right applies with respect to nationwide consumer reporting agencies:

Consumers Have the Right To Obtain a Security Freeze

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- 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.consumerfinance.gov/learnmore.

INFORMATION REQUEST

Purpose: Use this form to request information from DMV records.

Instructions: Type or print clearly.

REQUESTER INFORMATION			
REQUESTER FULL NAME (last, first, mi, suffix) JAMERSON-LEWIS CONSTRUCTION, INC.			FEDERAL TAX ID OR SOCIAL SECURITY NUMBER* 46-4218641
ORGANIZATIONAL AFFILIATION (if any)		TELEPHONE NUMBER (434) 845-3468	USE AGREEMENT NUMBER (if applicable) 9299
STREET ADDRESS 1306 STEPHENSON AVE.		CITY LYNCHBURG	
STATE VA	ZIP CODE 24501	ACCESS CODE (if applicable)	TNC CERTIFICATE NUMBER (if applicable)
REASON FOR REQUEST (be specific) (attach additional sheets if necessary) Subject is an employee of requester and will be operating company vehicles; insurance requirement.			

SUBJECT INFORMATION			
If you are requesting driving record information, the subject will be the person you are requesting information on. If you are requesting vehicle information, the subject will be the vehicle owner (if available).			
SUBJECT FULL NAME (last, first, mi, suffix)		<input type="checkbox"/> CHECK TO INDICATE SUBJECT NAME AND ADDRESS IS THE SAME AS THE REQUESTER ABOVE.	
STREET ADDRESS			
CITY		STATE	ZIP CODE

INFORMATION REQUESTED			
Check one or more boxes below to indicate the type of information you wish to receive. All data fields must be completed for Driving Record Information, Vehicle Information and Decedent Photo Requests. For Police Crash Reports provide as much information as possible.			
<input checked="" type="checkbox"/> DRIVING RECORD INFORMATION (Includes license history and conviction data) (complete SUBJECT INFORMATION above)			
SUBJECT DRIVER LICENSE NUMBER		or	SUBJECT BIRTH DATE (mm/dd/yyyy)
REASON FOR REQUEST (Check one) <input type="checkbox"/> Insurance <input checked="" type="checkbox"/> Employment, School, or Military <input type="checkbox"/> Member/Applicant/Volunteer <input type="checkbox"/> Personal Use, Court, or Attorney <input type="checkbox"/> TNC			
An authorization from the subject is required for employers and others not authorized by Virginia code. I authorize the Department of Motor Vehicles to furnish, for this one time only, information pertaining to my driving record to the requester identified above.			
SUBJECT SIGNATURE			DATE (mm/dd/yyyy)
<input type="checkbox"/> VEHICLE INFORMATION (Includes vehicle description and registration data) (complete SUBJECT INFORMATION above)			
VEHICLE IDENTIFICATION NUMBER (VIN)		VEHICLE MAKE	VEHICLE YEAR
<input type="checkbox"/> POLICE CRASH REPORT			
IMPORTANT NOTE: The Department may only release a full crash report in accordance with VA Code § 46.2-380.			
Check one or more boxes to indicate your involvement in the crash:			
<input type="checkbox"/> I was a DRIVER.		<input type="checkbox"/> I was a PASSENGER.	
<input type="checkbox"/> I legally REPRESENT a person injured or involved in the crash.		<input type="checkbox"/> I was injured in the crash or as a result thereof (ex: injured pedestrian).	
<input type="checkbox"/> I am the parent or legal guardian of a <u>minor</u> injured or killed in the crash.		<input type="checkbox"/> I am the owner of a vehicle/property involved in the crash.	
<input type="checkbox"/> I am the personal representative (guardian, executor, next of kin, etc.) of a person injured or killed in the crash.			
<input type="checkbox"/> I am an authorized representative of any insurance carrier reasonably anticipating exposure to civil liability as a consequence of the crash or to which a person has applied for issuance or renewal of a policy of automobile insurance.			
CRASH DATE (mm/dd/yyyy)	TIME OF CRASH	CRASH LOCATION (highway or street name)	
CITY/COUNTY/TOWN WHERE CRASH OCCURRED		DRIVER FULL NAME (last, first, mi, suffix)	DRIVER LICENSE NUMBER
1. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)		2. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)	
3. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)		4. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)	

INFORMATION REQUESTED (continued)

<input type="checkbox"/> DECEDENT PHOTO REQUEST (requester <i>may</i> need to provide proof of death, i.e. copy of death certificate, executor papers, etc.)			
DECEDENT FULL NAME (last, first, mi, suffix)		DECEDENT DMV CUSTOMER NUMBER	
DECEDENT BIRTH DATE (mm/dd/yyyy)	Requester's relationship to decedent (check one):	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Executor <input type="checkbox"/> Administrator

* In accordance with Virginia Code §§2.2-803, 2.2-4807, and 58.1-520 et seq., the State Comptroller requires that the information requested on this application, including your social security number, be collected for debt set off collection purposes.

CUSTOMER RECORDS FEES

Driving Record	\$9.00	Supporting Documents (per page)	\$3.00
Vehicle Record	\$9.00	Motor Carrier Overweight Citation Record	\$8.00
Police Crash Report	\$8.00	Travel Emergency Photo Verification	\$9.00
Decedent Photo	\$9.00	Record Certification Fee (additional)	\$5.00
Driver/Vehicle Application	\$9.00		

CERTIFICATION

I understand that it is unlawful to use information provided by DMV for any purpose other than the one stated. I certify that the information I have requested with this form will be used only for the stated purpose and that any personal information I receive will not be used for the predominant purpose of solicitation of perspective clients.

I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

I agree that the information I obtain in response to my request is considered privileged and confidential. I agree that such information is subject to the restrictions upon use and dissemination imposed by (1) the Federal Drivers Privacy Protection Act (18 USC § 2721 et seq.), (2) the Government Data Collection and Dissemination Practices Act (Va. Code § 2.2-3800 et seq.), (3) the provisions of Va. Code §§ 46.2-208 through 210, 46.2.212, and 58.1-3, and (4) any successor rules, regulations, or guidelines adopted by DMV with regard to disclosure or dissemination of any information obtained from DMV records or files, and I agree to comply with such restrictions and understand that any violation may result in damages, civil penalties, criminal penalties or other relief permitted pursuant to Virginia law.

For volunteer organizations identified in Va. Code § 46.2-208(B), I also certify that the subject of the information being requested is a member of, applicant for membership in or applicant to be a volunteer with my organization.

REQUESTER SIGNATURE	DATE (mm/dd/yyyy)
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<input type="checkbox"/> OTHER INFORMATION (Be specific)

PAYMENT METHODS

If you are mailing this request, DMV can only accept **check** or **money order** via mail.

<input type="checkbox"/> CHECK Made payable to DMV	ENTER CHECK AMOUNT	<input type="checkbox"/> MONEY ORDER Made payable to DMV	ENTER MONEY ORDER AMOUNT
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DMV CUSTOMER SERVICE CENTER USE ONLY

Proof of Requester's Identification <input type="checkbox"/> Valid Driver's License Number _____ <input type="checkbox"/> Other Photo Identification _____	Proof of Requester's Organization Affiliation <input type="checkbox"/> Request on Organization Letterhead Stationery <input type="checkbox"/> Business Card from Organization <input type="checkbox"/> Law Enforcement Badge Number _____ <input type="checkbox"/> Other _____				
If referred to Headquarters to Fill Request, Complete: CSR Name _____ CSC Name (not CSC number) _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Remarks/CSR Stamp</td> <td style="width:30%;">Fee Charged</td> </tr> <tr> <td></td> <td style="text-align: center;">\$</td> </tr> </table>	Remarks/CSR Stamp	Fee Charged		\$
Remarks/CSR Stamp	Fee Charged				
	\$				



Month: _____ Year: _____

NAME	JOB APPLYING FOR (indicate one)				RACE (indicate one)						GENDER (indicate one)	
	Office Personnel	Superintendent	Carpenter	Helper	Caucasian	Black American	Asian/Indian American	Asian/Pacific American	Native American	Hispanic American	Male	Female

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We are requesting the above information to track statistics for our affirmative action efforts.

Completion of this section is voluntary but would be greatly appreciated.