

SUBCONTRACTOR INFORMATION



PERSONAL INFORMATION

DATE _____

NAME _____ SOCIAL SECURITY NUMBER: _____
LAST FIRST MI

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. _____ REFERRED BY: _____ DRIVERS LICENSE NUMBER: _____

EDUCATION & WORK HISTORY:

SEE ATTACHED RESUME

SPECIAL QUESTIONS

DO NOT ANSWER **ANY** OF THE QUESTIONS IN THIS FORM AREA UNLESS THE EMPLOYER HAS MARKED THE SQUARE PRECEDING A QUESTION THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

PLACE OF BIRTH _____ CITIZEN OF U.S. YES NO

CLEARANCE Type: _____ DATE OF BIRTH _____

Granting Authority: _____

Status: Active _____ Inactive _____

* THE AGE DISCRIMINATION IN EMPLOYMENT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE.

CONVICTIONS

Have you been convicted of a criminal offense? For the purposes of this application, "convicted" includes any plea (including pleas of *nolo contendere*, no contest, or guilty), bail, forfeiture, or verdict or finding of guilt, regardless of whether adjudication was withheld or any sentence or fine was imposed by the court. Include any convictions by general court-martial while in military service. (Conviction will not necessarily bar employment.)

Write Yes or No _____ If yes, give date, place, charge and disposition below or on a separate page.

Have you been convicted of a criminal offense under another name? Write Yes or No _____ If yes, give name used, where used, and explain.

EMERGENCY CONTACT INFORMATION

IN CASE OF EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS PHONE NUMBER	HOME PHONE NUMBER	YEARS KNOWN/ HOW DO YOU KNOW THEM?
1				
2				
3				

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AND A CONSUMER REPORT WHICH I UNDERSTAND MAY INCLUDE INFORMATION REGARDING MY CREDIT WORTHINESS, CREDIT CAPACITY, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, OR MODE OF LIVING. THIS REPORT MAY BE COMPILED WITH INFORMATION FROM CREDIT BUREAUS, COURT RECORD REPOSITORIES, DEPARTMENT OF MOTOR VEHICLES, PAST OR PRESENT EMPLOYERS AND EDUCATIONAL INSTITUTIONS, GOVERNMENT OCCUPATIONAL LICENSING OR REGISTRATION ENTITIES, BUSINESS OR PERSONAL REFERENCES, AND ANY OTHER SOURCE REQUIRED TO VERIFY INFORMATION THAT I HAVE VOLUNTARILY SUPPLIED. I UNDERSTAND THAT EMPLOYMENT MAY BE CONTINGENT UPON PASSING A DRUG SCREENING TEST, AND A CREDIT BACKGROUND CHECK BEFORE STARTING WORK. I ALSO HEREBY RELEASE EMPLOYERS AND PERSONS NAMED IN MY APPLICATION FOR ALL LIABILITY FOR ANY DAMAGES ON ACCOUNT OF HIS/HER FURNISHING SAID INFORMATION. I AUTHORIZE THE RELEASE OF THIS INFORMATION BY THE APPROPRIATE AGENCIES TO ALLTECH INT'L, INC. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR DISMISSAL. I ALSO UNDERSTAND 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 _____

THIS FORM HAS BEEN DESIGNED TO COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING DISCRIMINATION ON THE BASIS OF AN APPLICANT'S SEX OR MINORITY STATUS. QUESTIONS DIRECTLY OR INDIRECTLY REFLECTING SUCH STATUS HAVE BEEN INCLUDED ONLY WHERE NEEDED TO DETERMINE A BONA FIDE OCCUPATIONAL QUALIFICATION OR FOR OTHER PERMISSIBLE PURPOSES. SUCH QUESTIONS ARE APPROPRIATELY NOTED ON THE APPLICATION.