

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____	
Last Name		First Name	Middle Name
Address	Number	Street	City State Zip Code
Telephone Number(s)		Social Security Number (Voluntary)	

Best time to contact you at home is: _____ : _____ ^{AM}/_{PM}

If you are under 18 years of age, can you provide required proof of your eligibility to work? 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 any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. Yes No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: Full-Time (please indicate 1 2 3 shift)
 Part-Time (please indicate Mornings Afternoon Evenings)
 Temporary (please indicate dates available ___/___/___ - ___/___/___)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

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

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

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

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

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

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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 Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.



FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

NAME: _____

POSITION: _____

DATE: _____

/

/

BACKGROUND REQUEST FORM

Capital Assets, Inc. carefully screens the background of its candidates in a uniform, non-discriminatory manner in accord with its background screening procedure and will err on the side of safety when utilizing hiring criteria to conduct an individualized assessment of whether a candidate's criminal background renders the candidate unfit and unqualified for the job. This procedure was enacted to ensure a safe and professional working environment for our employees, as well as, for the protection of our customers & clients.

DIRECTIONS: Please answer the following questions below. If your answer is "YES" to either one of the below questions, then please explain on a separate sheet. Please indicate the following: city and state of offenses occurred, any future court dates or community service which may impact attendance during work hours, if hired.

1. In the past ten (10) years, have you

a. Been convicted of a crime in the past 10 years? YES
 NO

b. Received deferred adjudication of any crime, including any pre-trial diversion program? YES NO

Please read, sign & date the Acknowledgment and Release.

ACKNOWLEDGEMENT & RELEASE

I understand that in connection with the application process, Capital Assets, Inc. will conduct a background check on me. The information provided by me will be the basis for the search of public records, which may include, but not be limited to: a search for consumer reports, criminal arrests/convictions, warrants, civil filings, social security number trace, past employment, bankruptcies, department of motor vehicle records, fictitious business filings, degree confirmation, articles of incorporation/limited partnership records and a drug test.

I indemnify and hold harmless, Capital Assets, Inc., and any person providing the requested information, from any liability and all damages whatsoever, resulting from the acquisition, use, retention or disclosure of any information. I will not hold Capital Assets, Inc., or their employees or agents responsible for errors or inaccuracies in the acquisition or transmittal of information pertaining to the verification of my background.

If any adverse decision is made with regard to my application or employment (if any) based entirely or in part on the information contained in the consumer report, I understand I will be notified as to the basis of that decision and given a copy of the report. (A summary of my applicable rights under the Fair Credit Act has been provided to me.)

I have provided complete and truthful information to Capital Assets, Inc. and fully understand that any misrepresentation or material omissions concerning the information provided will be grounds for denying my application, withdrawing any offer of employment, or immediate discharge.

My signature below indicates I have carefully read and understand this notice and consent to the release of a consumer report to Capital Assets, Inc. for employment purposes either in connection with my job application, or in connection with any future decisions concerning my employment, promotion, reassignment or retention as an employee. I understand my consent remains in effect indefinitely until it has been revoked in writing.

Signature/Consent

Date

CAPITAL ASSETS, INC. CONSUMER AUTHORIZATION AND RELEASE

In connection with **CAPITAL ASSETS, INC.** considering me for employment, continued employment, promotion or reassignment, I authorize **CAPITAL ASSETS, INC.** and or its agent, ACCUFAX Div., Southvest Inc. to obtain a consumer report, criminal background check report, motor vehicle records, workers compensation records or investigative consumer report which may include information on my character, general reputation, personal characteristics, and mode of living from public record sources or through personal interviews with previous employers or associates. When requested by an employer motor vehicle records or a driving history may be obtained.

I authorize, without reservation, any person or entity contacted by **CAPITAL ASSETS, INC.**, or its agent, ACCUFAX Div., Southvest Inc. to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I further release **CAPITAL ASSETS, INC.**, its affiliated companies, their officers, employees and agents, and specifically, ACCUFAX Div., Southvest Inc., their affiliated companies, their officers, employees and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization, or made during the employment process, will disqualify me from consideration for employment or result in my immediate discharge if employed.

By my execution hereof I acknowledge I have been provided with a separate Consumer Disclosure advising me that a report will be requested and used for the purpose of evaluating me for employment, continued employment, promotion, or reassignment as an employee.

PLEASE PRINT (Use Blue or Black Ink)

Requested by: 422714

LEGAL NAME _____ DOB * _____ SS# _____
 OTHER NAMES USED _____
 DRIVERS LICENSE # _____ STATE ISSUED _____
 Name exactly as it appears on Drivers License _____

CURR. ADDR. _____
 CITY _____ ST _____ CO _____ ZIP _____ HOW LONG _____
 PREV. ADDR. _____
 CITY _____ ST _____ CO _____ ZIP _____ HOW LONG _____
 PREV. ADDR. _____
 CITY _____ ST _____ CO _____ ZIP _____ HOW LONG _____

Signature _____ Date _____

LIST ALL CITY/STATES RESIDED IN SINCE AGE 18 AND HOW LONG IN EACH CITY/STATE:

APPLICANT COMPLETE INFORMATION BELOW (MAY WE CONTACT YOUR CURRENT EMPLOYER ?) Y N					
Employer	City	Tel	Dates	From	To
Employer	City	Tel	Dates	/	/
Employer	City	Tel	Dates	/	/
Employer	City	Tel	Dates	/	/

EDUCATION					
Name	City, St	Tel	Dates	From	To
attended	Last year completed: 1 2 3 4	Degree(s)	/	Years	
Last name if different while in School _____					
Most recent					

* "Date of Birth" (DOB) or "Age" will be used solely for the purpose of identification in doing background checks and will not be considered or used for any other purpose.

CAPITAL ASSETS, INC.
CONSUMER AUTHORIZATION AND RELEASE

CONSUMER DISCLOSURE

(FCRA-1)

In connection with **CAPITAL ASSETS, INC.** considering you for employment, continued employment, promotion or reassignment, **CAPITAL ASSETS, INC.** may obtain a consumer report, criminal background check report, motor vehicle report, workers compensation records or investigative consumer report on you which may include information on character, general reputation, personal characteristics, and mode of living from public record sources or personal interviews with previous employers or associates. You have the right, upon written request, to receive a written description of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

I HEREBY ACKNOWLEDGE RECEIPT:

DATE

PRINT NAME

SIGNATURE

CONFIDENTIAL

CAPITAL ASSETS, INC.

CONSUMER AUTHORIZATION AND RELEASE

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRA’s are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords and other businesses. 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 20006. The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn about those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you such as denying an application for credit, insurance or employment must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently.** There is no charge for the report if a person has taken action against you because of information supplied by the CRA, provided that you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA’s – to which it has provided the data – of any errors) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

CAPITAL ASSETS, INC.
CONSUMER AUTHORIZATION AND RELEASE
A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The FCRA gives several different federal agencies (listed below) authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:

CRA's creditors and others not listed below

National banks federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)

Savings associations and federally chartered banks (word "federal" or initials "F.S.B." appear in federal institution's name)

Federal Reserve system member banks (except national banks, and federal branches/agencies foreign banks)

Federal Credit Unions (words "Federal Credit Union" appear in institution's name)

State chartered banks that are not a member of the Federal Reserve System

Air-surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission.

Activities subject to the Packers and Stockyards Act, 1921

PLEASE CONTACT:

A. Bureau of Consumer Financial Protection
1700 G Street NW
Washington, DC 20580

B. Federal Trade Commission
Consumer Response Center – FCRA
Washington, DC 20580
202-326-3761

Office of the Comptroller of the Currency
Compliance Management, Mail Stop 6-6
Washington, D.C. 20219
800-613-6743

Office of Thrift Supervision savings
Consumer Programs
Washington, D.C. 20552
800-842-6929

Federal Reserve Board
Division of Consumer & Community Affairs of
Washington, D.C. 20551
202-452-3693

National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314
703-518-6360

Federal Deposit Insurance Corporation
Division of Compliance & Consumer Affairs
Washington, D.C. 20429
800-934-FDIC

Department of Transportation
Office of Financial Management
Washington, D.C. 20590

Department of Agriculture
Office of Deputy Administrator – GIPSA
Washington, D.C. 20250
202-720-7051

APPLICANT'S ACKNOWLEDGEMENT OF DRUG AND ALCOHOL ABUSE POLICY



I have applied for a position with CAPITAL ASSETS, INC. Upon acceptance of a conditional offer of employment, I understand and agree to undergo subsequent screening. I understand that if my test results are confirmed positive that I will not be considered further by CAPITAL ASSETS, INC. for a position. I further understand that, if I am hired, I will be subject to future drug and alcohol testing, consistent with the Policy.

I hereby authorize any physician, laboratory, hospital or medical professional retained by CAPITAL ASSETS, INC. for screening purposes to both conduct such screening and provide the results to CAPITAL ASSETS, INC. I release CAPITAL ASSETS, INC., and any person affiliated with CAPITAL ASSETS, INC., and any such institution or person conducting the screening from liability therefore.

I acknowledge receipt of CAPITAL ASSETS INC.'s Drug and Alcohol Abuse Policy and that I have read and understand the Drug and Alcohol Abuse Policy and Testing Program.

I understand that, in order to comply with this Policy, I may be asked to submit to a search of any vehicle brought onto company premises, to submit to a search of any packet, package, purse, briefcase, toolbox, or other container brought onto company premises, and to submit to a search of desk, file, locker, or other stationary container provided by the Company, whether or not such container, briefcase, etc., is locked.

I understand that a violation of the Policy may result in severe disciplinary action, up to and including discharge.

I understand that the Policy is not a contract of employment and that it may be changed, modified, or eliminated at any time subsequent to a notice period of thirty (30) days. I understand that only the President or designated individual of CAPITAL ASSETS, INC. has the authority to enter into employment contracts or make any agreement or representation contrary to the provisions in this policy and that any such contract, representation or agreement must be in writing and signed by the President of CAPITAL ASSETS, INC.

I understand that my employment with CAPITAL ASSETS, INC. is "at-will" and for no fixed period of time. I understand that I can terminate my employment at any time and that CAPITAL ASSETS, INC. may terminate my employment at any time.

Signature

Date

Social Security Number

Witness

S:\LaDena\New Hire Paperwork\Drug and Alcohol Abuse Policy.doc

You may submit this application for employment by either clicking the button below or attaching it to an email with "Employment Application" in the subject line to: **operationsadmin@cai-ok.com**