

# APPLICATION FOR EMPLOYMENT

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

**eLoop LLC**  
 625 Plum Industrial Court  
 Pittsburgh, Pennsylvania 15239

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability or any other protected group.

### TO BE READ AND SIGNED BY THE APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other relevant matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made before and after a conditional offer of employment has been extended.) I hereby release employers, schools health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that you have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer;
- Have a rebuttal statement attached to the alleged erroneous information. If the previous employer(s) and I cannot agree on the accuracy of the information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR COMPANY USE

### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ Point Employed \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICE: \_\_\_\_\_

## TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

# APPLICANT TO COMPLETE

(Answer all questions - please print)

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
First Last Middle

## List your addresses of residency for the past 3 years

Current Address \_\_\_\_\_  
Street City  
State Zip Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
yr/mo.

Previous Addresses \_\_\_\_\_  
Street City State & Zip How Long? \_\_\_\_\_  
yr/mo.

\_\_\_\_\_  
Street City State & Zip How Long? \_\_\_\_\_  
yr/mo.

\_\_\_\_\_  
Street City State & Zip How Long? \_\_\_\_\_  
yr/mo.

Do you have the right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Can you provide proof of age \_\_\_\_\_  
Required for commercial driver

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not how long since leaving last employer? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
(Answer only if a job requirement)

Have you ever pleaded guilty, no contest or been convicted of a crime? \_\_\_\_\_

If yes, please explain fully use a separate sheet of paper if need  
Conviction of a crime is not an automatic bar to employment - all circumstances will be concide \_\_\_\_\_

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Is there any reason you might be unable to perform the functions of the job for which you have applied  
(as described in the attached job description)? \_\_\_\_\_

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## EDUCATION HISTORY

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2  
 COLLEGE: 1 2 3 4 SUBJECT STUDIED \_\_\_\_\_  
 TRADE, BUSINESS OR CORRESPONDENCE SCHOOL \_\_\_\_\_  
 YEARS ATTENDED \_\_\_\_\_ SUBJECT STUDIED: \_\_\_\_\_  
 \_\_\_\_\_ DID YOU GRADUATE: \_\_\_\_\_

**SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS**

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

**EMPLOYMENT HISTORY**

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			Position Held	
CITY	STATE	ZIP	Salary/ Wage	
CONTACT PERSON			PHC	
Reason for leaving				

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			Position Held	
CITY	STATE	ZIP	Salary/ Wage	
CONTACT PERSON			PHC	
Reason for leaving				

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
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CITY	STATE	ZIP	Salary/ Wage	
CONTACT PERSON			PHC	
Reason for leaving				

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			Position Held	
CITY	STATE	ZIP	Salary/ Wage	
CONTACT PERSON			PHC	
Reason for leaving				

# JUSTIFACTS CREDENTIAL VERIFICATION, INC.

8085 Saltsburg Road, Suite 100, Pittsburgh, PA 15239

PHONE: (800) 356-6885 ~ FAX: (412) 798-4799

[www.justifacts.com](http://www.justifacts.com)

## Notification and Authorization to Conduct Employment Background Investigation

I hereby authorize Justifacts Credential Verification, Inc, an Agent for eLoop, llc to ascertain information regarding my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information. I understand that this form indicates that a background search will be conducted and that this is my notification of that intent. I understand that the purpose of this background investigation is to determine my suitability for employment and may elicit information on my character, general reputation, personal characteristics and mode of living. Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and all subsequent reports needed as it pertains to employment.

**PLEASE PRINT CLEARLY**

FULL NAME: \_\_\_\_\_

OTHER NAMES USED/MAIDEN NAME/DATES: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

LIST ALL ADDRESSES FOR PAST 7 YEARS:

\_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

\*\*\* MAY WE CONTACT YOUR CURRENT EMPLOYER? YES \_\_\_\_\_ NO \_\_\_\_\_

\*\*\* HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES \_\_\_\_\_ NO \_\_\_\_\_

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

### Notice to California Applicants

*(You may omit minor traffic offenses, any convictions which have been sealed, expunged or statutorily eradicated, convictions more than two years old for the following marijuana related offenses: HS11357b&c, HS11360c, HS11364, HS11365, HS11550, and misdemeanors for which probation was completed and the case was judicially dismissed)*

**Note:** No applicant will be denied employment solely on the grounds of conviction of a crime. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position will be considered.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Under Section 1786.22 of the California Civil Code, you have the right to request from Justifacts, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you to whom Justifacts has previously furnished within the two-year period preceding your request. You may view the file maintained on you by Justifacts during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

**California, Minnesota & Oklahoma Applicants Only: Please check this box if you would like a copy of the background check mailed to you.** Minnesota and Oklahoma applicants will receive a copy direct from Justifacts or its designee. California applicants may receive a copy from either the prospective employer or Justifacts. **NOTICE:** Under federal law, you have the right to request disclosure of the nature and scope of our investigation by providing us with a written request within 60 days of our background investigation.

Subscriber certifies that consumer credit information, consumer reports, as defined by the Fair Credit Reporting Act, 15 U.S.C. 1681 et seq. ("FCRA"), will be ordered only when intended to be used as a factor in establishing a consumer's eligibility for employment and that consumer credit information will be used for no other purposes. It is recognized and understood that the FCRA provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency" (such as Justifacts) "under false pretenses shall be fined not more than \$5,000 or imprisoned not more than two years or both."

REV. 3/05