

Branch Office Location

Tier Requirements

Employee Authorization to Release Records

I understand and agree that: The information supplied, was submitted by myself, and all information is true and correct, to the best of my knowledge. I understand that false or misleading information given in my application and/or interview(s) will be considered as cause for possible dismissal and/or discharge. I also understand that I am to abide by all rules and regulations of the company. The company has my authorization to thoroughly investigate my work and personal history. I understand that the information supplied by me, regarding my: Employment History, Education (including an authorization to release transcripts), Credit History, Criminal History, Medical and Professional Licensing, Motor Vehicle Record(s), Residence History, and References, will be utilized as part of the processing procedures. A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living. I will hold no person liable for giving or receiving information in this investigation. I hereby authorize SentryLink LLC an agent of _____ to make a thorough check of my past Employment, Education, and activities:

I release from liability all persons, companies, and corporations supplying that information.

I release and indemnify _____ and SentryLink LLC against any liability that might result from making such background checks. A copy of this form is as valid as the original.

EMPLOYEE/APPLICANT

Last Name	First Name	Middle	Social Security Number	Date of Birth mm/dd
Other Name(s) Maiden/Married		Driver's License Number		State

RESIDENCES (Starting with current)			
Street Address	City/State	Zip	How Long?
Street Address	City/State	Zip	How Long?

CURRENT EMPLOYER	CITY/STATE/ZIP	PHONE #	POSITION	MAY WE CONTACT CURRENT EMPLOYER?
				<input type="checkbox"/> YES <input type="checkbox"/> NO

PREVIOUS EMPLOYMENT	CITY/STATE/ZIP	PHONE #	POSITION	DATE OF EMP.

SCHOOL(S) ATTENDED	NAME OF SCHOOL	CITY/STATE	DATES ATTENDED	YEAR GRADUATED
High School			Not applicable	Not applicable
College				
Other				

The following information is used for identification and statistical purposes. It is not used in any manner considered discriminatory under EEOC guidelines.

Date of Birth ___/___/___	Race _____	Sex _____	Telephone (____) _____
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Signature

Date Signed

Browns Arctic Air Inc

PRE-EMPLOYMENT DRUG TESTING POLICY

All job applicants at this Company will undergo screening for the presence of illegal drugs as a condition for employment.

Applicants will be required to voluntarily submit to a urinalysis test at a laboratory chosen by the Company, and by signing a consent agreement, will release the Company from liability.

(Any applicant with positive test results will be denied employment at that time.)

The Company will not discriminate against applicants for employment because of past abuse of drugs or alcohol. It is the current abuse of drugs or alcohol, which prevents employees from properly performing their jobs that the Company will not tolerate.

PRE-EMPLOYMENT AGREEMENT

PLEASE READ CAREFULLY

I freely and voluntarily agree to submit to a urinalysis (drug screen) as part of my application for employment. I understand that either refusal to submit to the urinalysis screen or failure to qualify according to the minimum standards established by the Company for this screen might disqualify me from further consideration for employment.

I further understand that upon commencement of employment with the Company, I may again be required to submit to a urinalysis screen. I understand that refusal to take a requested urinalysis screen or failure to meet the minimum standards set for the screen may result in immediate suspension or discharge.

In the event that employment commences prior to the Company receiving the drug test results, I understand that I will be immediately terminated if the result comes back positive, adulterated or substituted. I understand that a negative drug test result is required for consideration for permanent employment.

I have read in full and understand the above statements and conditions of employment.

Applicant's Signature

Date

Driver License Information:

State: _____ DL # _____