

Application for Employment

CASTO

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____/____/____

Name _____ Social Security # _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Telephone # (____) _____ Mobile/Beeper/Other Phone # (____) _____ E-mail Address _____

If you are under 18, and it is required, can you furnish a work permit?..... Yes No

If no, please explain _____

Have you ever been employed here before? If yes, give dates and positions _____ Yes No

/are you legally eligible for employment in this country?..... Yes No

Date available to work ____/____/____ What is your desired salary range.....\$ _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-op

Are you able to meet the attendance requirements of the position?..... Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?..... Yes No

If yes, please provide date(s) and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED WILL BE TAKEN INTO ACCOUNT.

Driver's license number if driving is an essential job function _____ State _____

Employment History

Provide the following information of your past four (4) employers, assignments or volunteer activities, starting with the most recent.

FROM TO EMPLOYER TELEPHONE
()

STARTING JOB TITLE/ FINAL JOB TITLE ADDRESS

IMMEDIATE SUPERVISOR TITLE SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES

MAY WE CONTACT FOR REFERENCE?

REASON FOR LEAVING HOURLY RATE/ SALARY
START\$ PER FINAL\$ PER

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Skills and Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

Educational Background (if job related)

NAME AND LOCATION NUMBER OF YEARS COMPLETED DID YOU GRADUATE COURSE OF STUDY
HIGH SCHOOL

COLLEGE MAJOR DEGREE

OTHER

References

NAME TELEPHONE NUMBER OF YEARS KNOWN

()

()

()

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me. I understand that the employer does not unlawfully discriminate in employment and no question on his application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. If I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time with or without prior notice. The employer also reserves the right to terminate my employment at any time, with or without cause. This application does not constitute an agreement or contract for employment. Any agreements will be made in writing.

If hired, I will provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form. DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____



APPLICANT: Please read the following statement and complete the attached authorization form. Retain this Disclosure statement for your records.

Fair Credit Reporting Act Disclosure Statement Disclosure

Casto Management Services, Inc., when considering your application for employment, making a decision whether to offer you employment, deciding whether to continue your employment (if you are hired), and when making other employment related decisions directly affecting you, may wish to obtain and use a “consumer report” from a “consumer reporting agency.” These terms are defined in the Fair Credit Reporting Act (FCRA), which applies to you.

As an applicant for employment or an employee of Casto Management Services, Inc., you are a “consumer” with rights under the FCRA.

A “consumer reporting agency” is a person or business that, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information on consumers for the purpose of furnishing “consumer reports” to others, such as the Casto Management Services, Inc.

A “consumer report” is any written, oral or other communication of any information by a “consumer reporting agency” bearing on a consumer’s character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer’s eligibility for employment purposes. For Casto’s purposes, a consumer report may consist of a criminal background check, employment verification, reference checking, educational verification and/or civil litigation records check.

If Casto obtains a “consumer report” about you, and if Casto considers any information in the “consumer report” when making an employment related decision that directly and adversely affects you, you will be notified before the decision is finalized and you will be provided with a copy of the “consumer report.” You may also contact the Federal Trade Commission about your rights under the FCRA as a “consumer” with regard to “consumer reports” and “consumer reporting agencies.”

Employment Screening Services

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

CASTO Management Services requires, as a condition of employment, and/or continued employment, that the applicant consent to and authorize a verification of the information submitted on their application or resume. Please read this statement carefully.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

This release and authorization acknowledges that this Company may now, or at any time while I am employed, conduct a verification of my education, employment history, credit history, and motor vehicle records. In addition this company may contact personal references and receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any state, and/or other information as deemed necessary to fulfill the job requirements

I authorize CBCInnovis Employment Screening Services and any of its agents and/or employees to disclose verbally and in writing the results of this verification process to the designated authorized representatives of this Company. The results will be used to determine employment eligibility under this Company's employment policies.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and Agencies to provide Employment Screening Services with all information that may be requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge this Company, its agent, CBCInnovis Employment Screening Services, and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report. If I am a resident of Minnesota, California or Oklahoma only and would like a copy of the investigative report, I will check here .

Please provide all requested information and provide addresses for the last seven- (7) years

(Applicant's Name, Printed - Last, First Middle)

(Maiden Or Other Name(s) Used)

(Current Address - Street, City, State, Zip)

(How Long)

(Previous Address - City, State, Zip)

(How Long)

(Previous Address - City, State, Zip)

(How Long)

(Social Security Number)

(Date of Birth - for confirmation of ID only)

(Name - exactly as it appears on Driver's License)

(Drivers License Number) (State)

[] Yes [] No
(Authorization to contact present employer for reference)

(Signature)

(Date)