



6804 Melrose Lane
 Oklahoma City, OK 73127
 V. 405-787-2244 F. 405-789-1474

DATE _____

APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY

NAME _____ ARE YOU 18 YEARS OLD OR OLDER YES NO

PRESENT ADDRESS _____

SOCIAL SECURITY # _____ PHONE # _____

POSITION DESIRED _____ WAGES DESIRED _____

HOW DID YOU LEARN OF THIS POSITION? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO If yes, what charge? _____
 (A conviction will not necessarily disqualify an applicant from employment)

DO YOU HAVE ANY SPECIAL SKILLS, TRAINING OR QUALIFICATION? _____

WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS				
OTHER				

US MILITARY SERVICE YES NO WHICH SERVICE? _____ DATES _____ TO _____

OFFICE USE ONLY INITIAL PLEASE

AP IN BG DS HI EP AR



6804 Melrose Lane
Oklahoma City, OK 73127
V. 405-787-2244 F. 405-789-1474

AFFIRMATIVE ACTION INFORMATION

LAST NAME _____ FIRST NAME _____ MI _____

BIRTH DATE _____ SOCIAL SECURITY # _____

GENDER _____ MARITAL STATUS _____

LOCATION _____ POSITION APPLYING FOR _____

EEO JOB CATEGORY:

_____ OFFICE STAFF _____ SUPERVISOR _____ SHOP _____ STRIPER

_____ TRAFFIC CONTROL _____ CABLE BARRIER _____ PERM SIGN

I AM A MEMBER OF THE FOLLOWING RACE / ETHNIC GROUP:

A. RACE

_____ AMERICAN INDIAN / ALASKAN NATIVE (CARD # _____)

_____ ASIAN / PACIFIC ISLANDER

_____ BLACK

_____ WHITE

B. ETHNIC GROUP

_____ HISPANIC ORIGIN

_____ NOT OF HISPANIC ORIGIN

ARE YOU A VIETNAM VETERAN: _____ YES _____ NO
(180 DAYS OF DONTINOUS ACTIVE DUTY BETWEEN 08//5/61 TO 05/07/75)

CONFIDENTIAL

THIS DATA WILL AID IN KEEPING RECORDS REQUIRED OF US BY THE FEDERAL AND STATE LAWS TO WHICH WE ARE SUBJECT.
IT IS CONFIDENTIAL AND WILL REMAIN SEPARATE FROM THE OTHER PERSONNNEEL RECORDS.



WORK HISTORY

Have you ever been employed or applied with this company in the past? Yes No

Previous Employers: Start with present or most recent employer.

Employed from _____ to _____ Business Name _____

Business Address _____

Supervisor's Name _____ Type of Business _____

Your Position _____ Starting Rate _____ Ending Rate _____

Describe your responsibilities _____

Reason for leaving _____

May we contact this employer Yes No Business Phone Number _____

Employed from _____ to _____ Business Name _____

Business Address _____

Supervisor's Name _____ Type of Business _____

Your Position _____ Starting Rate _____ Ending Rate _____

Describe your responsibilities _____

Reason for leaving _____

May we contact this employer Yes No Business Phone Number _____

Employed from _____ to _____ Business Name _____

Business Address _____

Supervisor's Name _____ Type of Business _____

Your Position _____ Starting Rate _____ Ending Rate _____

Describe your responsibilities _____

Reason for leaving _____

May we contact this employer Yes No Business Phone Number _____

I certify that all the information submitted on the application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, upon discovery, my employment may be terminated. In consideration of my employment, I agree to conform to the company's rules and regulations, I understand that Oklahoma is an "employment at will" state and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time by the company.

Signature _____ Date _____

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

Date: _____

Last Name	First Name	Middle Name
Maiden and/or Other Last Names Used		
City	County	State
Date of Birth	Social Security Number	Male or Female Circle One

This authorization and consent for release of personal information acknowledges that **Action Safety Supply Co., LLC**. (Hereafter referred to as "Company") and/or its agent, VICTIG, LLC, SecurityCheck, Inc., may now, or at any time I am assigned to, volunteer with or am employed by this Company, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; state driving records; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, Oklahoma Workers' Compensation Court, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Victig, LLC, SecurityCheck, Inc., the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I designate SecurityCheck, Inc. as my representative, for the purpose of conducting a search of the records of the Oklahoma Workers' Compensation Court for prior workers' compensation claims filed in my name, and hereby authorize SecurityCheck to conduct a search of the Oklahoma Workers' Compensation Court.

I understand that these searches will be used to determine work assignment or employment eligibility under the company's employment or volunteer policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may, within 30 days of the date the report was ran, request a copy of the report from **SecurityCheck, Inc. / PO Box 14189, Oklahoma City, OK 73113**. After reading this document, I fully understand its contents and authorize the background verification.

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF COMPANY.

Signed this _____ day of _____, 20_____

Applicant (Print Name)

Applicant Signature

DRUG/ALCOHOL TESTING CONSENT FORM

I, _____, hereby give my consent to authorize my perspective employer known as Action Safety Supply Co., L.L.C. and the testing laboratory designated to conduct analytical tests deemed necessary, on an ongoing basis, to determine the absence or the presence of

- Alcohol - Class A Drugs (heroin, cocaine, etc.) - Class B Drugs (cannabis, amphetamines, etc.)
in my body
through the use of urine, breath or any sample as specified by statute and regulation.

I give my consent to release the results of the test(s) and other medical information from the laboratory to my employer pursuant to statute or regulation with the condition that the results may not be used in any criminal proceeding. My employer may request proof that I am taking a controlled substance as directed pursuant to a lawful prescription issued in my name. If requested, I agree to provide such proof within 72 hours.

I have the right to request a re-test of the initial specimen at a licensed laboratory of my choice if and when I have a positive test for drugs. All requests for a re-test of the sample must be made within ten (10) working days of the receipt of the original positive test result. The results of the samples must be forwarded to me by the appointing authority of the licensed laboratory.

I further understand that a positive test, refusal to authorize this form, refusal to take the test, or failure to produce a specimen, may result in the withdrawal of a job offer in accordance with any local, State, or Federal statute, regulation, and policy.

Employee Signature _____ **Print** _____

Date _____