



# Employment Application

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

## Policy on chemical testing for job applicants

All final candidate applicants for employment (including temporaries) shall be scheduled for chemical testing as part of the pre-employment evaluation. Chemical testing clearance shall be completed before a hiring decision is made.

Applicants will be notified of chemical testing requirements at the same time of initial interview. Prior to the test, applicants shall complete a Substance Use and Consent Form.

All applicants with positive results shall be notified of those results. Positive results, without sufficient explanation of the Substance Use and Consent Form, shall be considered grounds for disqualification from consideration for employment for 180 days.

Sample tampering during the pre-employment evaluation, falsification of the Substance Use and Consent Form, or refusal to submit a sample shall be grounds for disqualification for employment.

Brooks Manufacturing Co. affirms the necessity to uphold a high regard for the privacy and dignity of the individual in the sampling process. Chemical testing shall be conducted according to uniform standards and testing procedure established by Brooks Manufacturing Co. to assure a high degree of accuracy and reliability.

When complete, please return signed copy to Brooks Manufacturing by either fax, email or in person.

*Brooks Manufacturing Co. is an Equal Opportunity Employer.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Employment Agency  Walk-In  Other \_\_\_\_\_

Have you filed an application here before?  yes  no If yes, give date: \_\_\_\_\_

Are you employed now?  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

On what date would you be able for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you a lay-off and subject to recall?  yes  no

Have you been convicted of a felony within the last 7 years?  yes  no

(Conviction will not necessarily disqualify applicant from employment.)

If Yes, please explain: \_\_\_\_\_

## Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Date Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Hourly Rate / Salary Start: \_\_\_\_\_ Final: \_\_\_\_\_

Work Duties: \_\_\_\_\_

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2. Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Date Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Hourly Rate / Salary Start: \_\_\_\_\_ Final: \_\_\_\_\_

Work Duties: \_\_\_\_\_

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3. Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Date Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Hourly Rate / Salary Start: \_\_\_\_\_ Final: \_\_\_\_\_

Work Duties: \_\_\_\_\_

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Additional Employment to Note: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Skills**

Summarize special skills and qualifications acquired from employment or other experience.

Veteran of the U.S. Military service?  yes  no If Yes, which branch? \_\_\_\_\_

Indicate languages you speak, read and/or write (please include fluent, good or fair): \_\_\_\_\_  
\_\_\_\_\_

List professional trade, business or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.): \_\_\_\_\_  
\_\_\_\_\_

Give name, address and telephone number of three references who are not related to you and are not previous employers:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps**

Government contractors are subject to 38 USC 2012 of the Viet Era Veterans Readjustment Act of 1974, which requires that they take affirmative action to employ and advance in employment, qualified disabled veterans of the Vietnam Era, and Section 503.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration:

If you wish to be identified, please note:  Handicapped Individual  Disabled Veteran  Vietnam Era Veteran

Signed: \_\_\_\_\_

## Education

HIGH SCHOOL Name: \_\_\_\_\_

Years Completed:  9  10  11  12

Course of Study: \_\_\_\_\_

Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities: \_\_\_\_\_

\_\_\_\_\_

COLLEGE / UNIVERSITY Name: \_\_\_\_\_

Years Completed:  1  2  3  4

Diploma / Degree: \_\_\_\_\_ Course of Study: \_\_\_\_\_

Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities: \_\_\_\_\_

\_\_\_\_\_

Honors Received: State any additional information you feel may be helpful to us in considering your application. \_\_\_\_\_

\_\_\_\_\_

## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

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.

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.

Yes  No

## Release and Waiver

I hereby give Brooks Manufacturing Company the right to make a thorough investigation of my past employment, education, and activities, and I release from all liability all persons, companies, education entities, and corporations supplying such info. I further agree to indemnify Brooks Manufacturing Company against any liability which might arise from making such an investigation or using the information obtained therein.  Yes  No

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# Background Questionnaire

Please Print Clearly and Provide All Information. You Must Sign and Date this Document. Use Additional Sheets or the Back of this Form, if Required.

Position Applied for

## Personal Information

Legal Last Name	Legal First Name	Legal Middle Name	SSN
Phone No.	Driver's License No.	State of Issue	Date of Birth*
<b>List Other Legal Names Used/Dates Used:</b>	Legal Last Name	Legal First Name	Dates used:
	Legal Last Name	Legal First Name	Dates used:
	Legal Last Name	Legal First Name	Dates used:

## Residential History, Present and Former Addresses (for the Last 7 Years)

Street Address	City	State	Zip Code	County	From/To (Dates)
Street Address	City	State	Zip Code	County	From/To (Dates)
Street Address	City	State	Zip Code	County	From/To (Dates)

## Criminal History. You MUST Answer Each of the Following Questions by Checking Yes or No\*\*

- Yes  No 1. Have you been convicted of a crime?
- Yes  No 2. Do you have any open warrants or charges pending against you?
- If You Answered "Yes" to Either of These Questions, Provide Details Below:

County	City	State	Date	Charge	Disposition
County	City	State	Date	Charge	Disposition

\*You are requested to provide your date of birth on this form. The date of birth is needed to verify an applicant's criminal and driving histories. The Federal Age Discrimination in Employment Act of 1967 prohibits discrimination in employment on the basis of age, and date of birth information will only be used for legal purposes.\*\*Conviction of a crime is not an absolute bar to employment. Factors such as the age of the offense, evidence of rehabilitation, seriousness of the violation and job-relatedness are considered in all employment decisions.

## Authorization, Release, Acknowledgement and Certification

I hereby authorize and request, without reservation, any police department, consumer reporting agency, or any other persons or agencies having knowledge about me to furnish Alliance2020 with any and all background information in their possession regarding me, in order that my employment qualifications may be evaluated.

I also authorize the procurement of a consumer report and/or an investigative consumer report for the purpose of consideration for employment. This authorization, in its original form, fax or copy (mechanical or digital) shall be valid for this and all future consumer reports and/or investigative consumer reports or updates that may be deemed necessary subsequent to an offer of employment and/or my employment with this firm. I acknowledge that I have been provided a separate combined disclosure and authorization regarding consumer and/or investigative consumer reports pursuant to the requirements of the Fair Credit Reporting Act (FCRA). I certify that all information I have provided is truthful, complete and correct to the best of my knowledge. I understand that misrepresentation, omissions or false statements, when discovered, will result in a refusal to hire, or if hired, may result in my dismissal at any time. I understand that because the position for which I am applying includes duties where I would have access to consumer information, cash, inventory, or other valuables, the employer may procure information related to my credit worthiness, credit standing or credit capacity, including but not limited to my credit report.

Printed Name \_\_\_\_\_

\_\_\_\_\_ Date

Signature \_\_\_\_\_

*Para informacion en espanol, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) escribete a la Consumer Financial Protection Bureau, 1700 G Street, N.W., Washington, D.C. 20552.*

### **A Summary of Your Rights under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552.**

**You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.

**You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

**You have the right to ask for a credit score.** Credit scores are numerical summaries of your creditworthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

**You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

**Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

**Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

**Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

**You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1 888 5OPTOUT (1 888 567 8688).

**You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

**Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For more information about your federal rights, contact:**

<p><b>1. a.</b> Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p><b>b.</b> Such affiliates that are not banks, savings associations, or credit unions also should list in addition to the Bureau:</p>	<p><b>a.</b> Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20552</p> <p><b>b.</b> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p><b>2.</b> To the extent not included in item 1 above:</p> <p><b>a.</b> National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p><b>b.</b> State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p><b>c.</b> Nonmember Insured banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p><b>d.</b> Federal Credit Unions</p>	<p><b>a.</b> Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p><b>b.</b> Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480</p> <p><b>c.</b> FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p><b>d.</b> National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p><b>3.</b> Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue SE Washington, DC 20590</p>
<p><b>4.</b> Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, SW Washington, DC 20423</p>
<p><b>5.</b> Creditors Subject to Packers and Stockyards Act</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p><b>6.</b> Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p><b>7.</b> Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p>
<p><b>8.</b> Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p><b>9.</b> Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**  
**[IMPORTANT—PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]**

The Employer (“Company”) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may be obtain at any time after receipt to your authorization and, if you are hired, throughout your employment. These report may include, but are not limited to, checks regarding your criminal history, social security trace, employment and educational reference, driving history, professional licenses and credentials. Credit history will be requested only in accordance with applicable law. These report may contact information regarding the use of social media, and other publicly accessible information. Social media includes, but is not limited to, social networking sites (i.e. Facebook and others), professional networking websites (i.e. LinkedIn and others), blogs, and other online media.

You have the right, upon written request made with a reasonable time after receipt of this notice, to ask the Company to disclose the nature and scope of any consumer report. You also may request a copy of that report from the Company. If anyone other than the Agency furnishes an investigative consumer report, the Company will provide relevant contact information within five business days of your request. An “investigative consumer report” is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without personal interviews). Please be advised that the nature and scope of your most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by the Agency via interviews, with past employers, neighbors, friends or associates. The scope of this disclosure and authorization is all-encompassing, however, allowing the Company to obtain information from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider where to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

The consumer and/or investigative consumer report(s) will be obtain from:

**Alliance 2020, P.O. Box 4248 Renton, WA 98057 Phone: (800)289-8065 Fax: (800)289-9246**

**Alliance 2020 information and privacy policy can be found at <http://www.alliance2020.com/>**

**Maine, Massachusetts, and New Jersey applicants or employees only:** You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above.

**Minnesota applicants or employees only:** You have the right, upon written request to the Agency, to receive a complete and accurate disclosure of the nature and scope of any consumer report. The Agency must make this disclosure within give days of receipt of your request or of the Company's request for the report, whichever is later.

**New York applicants or employees only:** You have the right to request whether the Company request a consumer report and, if so, the Company will give you the name and address of the report's provider if other than the Agency

**California, Minnesota, and Oklahoma applicants or employees only:** Please check the box below if you would like to receive from the Agency a free copy of any report furnished by the Agency to the Company pursuant to your authorization below.

**Washington applicants or employees only:** The company will provide the disclosure described above concerning its procurement of an investigative consumer report either five days after receiving your request of after requesting the investigative consumer report, whichever is later. You have the right to ask the Company to provide you with a summary of your rights under the Washington Fair Credit Reporting Act.

Printed Name \_\_\_\_\_

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