

**APPLICATION FOR EMPLOYMENT**  
**BRAYS ISLAND PLANTATION COLONY, INC.**  
 Brays Island is a Drug-Free Workplace

PLEASE PRINT PLAINLY

Last Name	First	Middle	Social Security No.
Street Address		Home Phone	Business Phone
City	State	Zip	Age (If Under 21)
Position Desired		Pay Expected	When will you be available to work?

Have you ever applied for employment with us?  Yes  No

If yes, when? \_\_\_\_\_

Are you available for full-time work?  Yes  No

If not, what hours can you work? \_\_\_\_\_

Have you previously been employed by Brays Island? <input type="checkbox"/> Yes <input type="checkbox"/> No – If yes, From _____ to _____ Reason for Leaving: _____ After employment, can you submit verification of your legal right to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relatives employed by Brays Island: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list below: Name _____ Relation _____ Title _____ Name _____ Relation _____ Title _____
Why did you seek employment with Brays Island? <input type="checkbox"/> Employee Referral <input type="checkbox"/> Advertisement <input type="checkbox"/> State Employment <input type="checkbox"/> Other (Explain) _____

SCHOOL	NO. YRS.	GRAD (Yes/No)	School Name & Location	Degree
Grade School/High School				
College				
Graduate School				
Trade/Business Others				

EMPLOYMENT RECORD. PLEASE COMPLETE THIS SECTION EVEN IF ATTACHING RESUME

SHOW MOST RECENT EMPLOYMENT FIRST

EMPLOYED BY

<b>COMPANY</b>	From (Mo/Yr) To (Mo/Yr)	Title	Supervisor
Street	SALARY Starting / Ending	Reason for Leaving	
City State Zip			
Telephone #	Name (If Different) While Employed	Duties	
<b>COMPANY</b>	From (Mo/Yr) To (Mo/Yr)	Title	Supervisor
Street	SALARY Starting / Ending	Reason for Leaving	
City State Zip			
Telephone #	Name (If Different) While Employed	Duties	
<b>COMPANY</b>	From (Mo/Yr) To (Mo/Yr)	Title	Supervisor
Street	SALARY Starting / Ending	Reason for Leaving	
City State Zip			
Telephone #	Name (If Different) While Employed	Duties	
<b>COMPANY</b>	From (Mo/Yr) To (Mo/Yr)	Title	Supervisor
Street	SALARY Starting / Ending	Reason for Leaving	
City State Zip			
Telephone #	Name (If Different) While Employed	Duties	

\_\_\_\_\_ DO NOT Contact Present Employer

\_\_\_\_\_ OK to Contact Present Employer

**Business/Personal References**

Give name and addresses of three persons (not relatives or former employers), who have knowledge of your character and ability.

Name	Address / City / State	Business or Occupation	Telephone

<p>HAVE YOU EVER BEEN REFUSED A BOND OR HAD A BOND CANCELLED?  <input type="checkbox"/> YES   <input type="checkbox"/> NO</p>	<p>IF YES, PLEASE SPECIFY: _____          _____</p>
<p>HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN MINOR TRAFFIC VIOLATIONS:  <input type="checkbox"/> YES   <input type="checkbox"/> NO</p>	<p>If yes, give date(s), location(s), nature of crime(s), and disposition of ALL convictions:</p> <p>A conviction will not necessarily disqualify applicant from desired position.</p>

**READ THE FOLLOWING STATEMENT CAREFULLY**

I certify that the answers given by me to the questions and statements are true and correct. I understand it is the policy of Brays Island Plantation Colony, Inc. to consider all the information supplied by the applicant in assessing his or her qualifications for employment. In making this application I realize that my character, reputation for honesty, habits, ability, records of convictions, and reasons for leaving employment may be investigated and that persons who know me, now and/or in the past, may be contacted and questioned about me. I authorize the companies, schools or persons named to give any information they may have regarding me with reference to my prior employment and character. Anyone who may furnish any information concerning my character, habits, ability, criminal convictions, or reason for leaving any employment shall not be responsible for any loss or damage that I may suffer in connection with furnishing such information.

I understand that any false statement, misinformation or omissions on this application will be grounds for termination at any time hereafter.

I understand that any offer of employment is contingent upon my ability to comply with Immigration & Naturalization Service (INS) regulations establishing identify and right to work in the United States. I further understand that any offer of employment is contingent upon receiving negative results on my substance abuse test.

I understand that my employment does not constitute a contractual relationship, expressed or implied of any kind and that either I or Brays Island may terminate my employment for any legal reason at any time.

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

## **Candidate Disclosure / Authorization Regarding Procurement of Consumer Reports**

Brays Island Plantation Colony, Inc. will order a consumer report and/or investigative consumer report (“background check report”) on you in connection with your application for employment, or if you are already hired, or if you already work for the Company, we may order additional background check reports on you for employment purposes without obtaining additional consent, where permissible by law. The consumer reporting agency (“Consumer Reporting Agency”) that will prepare the report is ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524, telephone 800-367-5933. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment or employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

You have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested, whichever is the later. To receive this information or to inspect any files concerning such a report or to determine if a report has been requested, you may contact the Company or the Consumer Reporting Agency.

The Fair Credit Reporting Act and certain state laws give you specific rights in dealing with consumer reporting agencies. You will find these rights in the attached documents.

Please be advised that we may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. By your signature below, you hereby authorize us to order consumer and/or investigative consumer reports including, but not limited to, the following information: social security number validation; criminal, public, educational and, as appropriate, driving records; employment history and earnings history; military service; credit reports, licensing and certification checks, and drug testing results. The information may be obtained from private and public repositories of information, and can be disclosed to the processing agency below and its agents.

I agree that a facsimile or photocopy of this form is valid just like the original form.

This report will be processed by:  
ADP Screening and Selection Services  
301 Remington Street  
Fort Collins, Colorado 80524  
800-367-5933

Applicant’s Name: \_\_\_\_\_  
(Please Print)

Applicant’s Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

For Identification Purposes Only: Date of Birth: \_\_\_\_\_

