APPLICATION FOR EMPLOYMENT BRAYS ISLAND PLANTATION COLONY, INC.

Brays Island is a Drug-Free Workplace

PLEASE PRINT PLAINLY

Last Name	First		Middle Social Se		al Secui	rity No.		
Street Address				Home Phone	L		Business Phone	2
City	State	Zip					Age (If Under 21)
Position Desired			Pay E	Expected		When work	will you be avai	lable to
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? Yes No – If yes, From to to								
After employment, can y	ou submit	verification of	your le	gal right to work in	the US	S? 🗆 Y	′es □ No ————	
Do you have any rela	tives emp	oloyed by Bra	ys Isla	nd: □ Yes □ No	If yes	s, list k	pelow:	
Name Name					Title Title			
Why did you seek employment with Brays Island? □ Employee Referral □ Advertisement □ State Employment □ Other (Explain)								
SCHOOL	NO. YRS.	GRAD (Yes/No)		School Na	me &	Locati	on	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							
COMPANY			From (Mo/Yr) To (Mo/Yr)	Title	Supervisor		
Street		SALARY Starting / Ending	Reason for Leaving				
City Telephone #	State	Zip	Name (If Different) While Employed	Duties			
COMPANY			From (Mo/Yr) To (Mo/Yr)	Title	Supervisor		
Street			SALARY Starting / Ending	Reason for Leaving			
City Telephone #	State	Zip	Name (If Different) While Employed	Duties			
COMPANY			From (Mo/Yr) To (Mo/Yr)	Title	Supervisor		
Street			SALARY Starting / Ending	Reason for Leaving			
City	State Zip		Name (If Different) While Employed	Duties			
Telephone #					1		
COMPANY			From (Mo/Yr) To (Mo/Yr)	Title	Supervisor		
Street			SALARY Starting / Ending	Reason for Leaving			
City	State	Zip	Name (If Different) While Employed	Duties			
Telephone #							

DO NOT Contact Present Employer OK to Contact Present Employer	.VAr
DO NOT CONTACT TESENT EMPROYER ON TO CONTACT TESENT EMPRO	7 C I

Business/Personal References

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

Name a		24-4-	Duning and an One of the t	Talankana			
Name	Address / City / State		Business or Occupation	Telephone			
		T					
HAVE YOU EVER BEEN		IF YES, PLEASE					
BOND OR HAD A BOND YES NO	CANCELLED!	SPECIFY:					
HAVE YOU EVER BEEN	CONVICTED OF	If yes, gi	ive date(s), location(s), nature of	erime(s), and disposition of			
A CRIME OTHER THAN I	MINOR	ALL cor	nvictions:				
TRAFFIC VIOLATIONS:							
LIES LINU	YES □ NO						
		A conviction will not necessarily disqualify applicant from					
		desired position.					
READ THE FOLLOWING	STATEMENT CA	REFULL'	Υ				
			ns and statements are true				
			Inc. to consider all the inf				
			mployment. In making this y, records of convictions,				
			s who know me, now and				
contacted and questioned	d about me. I autl	horize the	e companies, schools or pe	ersons named to give any			
			nce to my prior employmer				
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 Addres	ss:			
City/State/Zip:				
Social Security Number:				
For Identification	Purposes Only: Date of Birth:			

Candidate Release Authorization

- I. In connection with my application for employment or continued employment at <u>Brays Island Plantation Colony, Inc.</u>, I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, and experience, along with reasons for termination of past employment. I understand that in compliance with applicable law and as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about, but not limited to, my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. Massachusetts, Minnesota, Oklahoma, New York, Maine, Washington, New Jersey and California applicants only: if you want a free copy of the report(s) ordered, check this box □. The report(s) will be sent to you by the consumer reporting agency listed here. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524. See attached Candidate Disclosure / Authorization Form for other notices.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by <u>Brays Island Plantation Colony, Inc.</u> or its agent, to furnish the information described in Section I.
- VI. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to <u>Brays Island Plantation Colony, Inc.</u>. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name	LAST	FIRST	MIDDLE
Please print other names you l	nave used		
Home Address Zip Code		City	State
Social Security Number Date of Birth (FOR IDENTIFICATION PURPOSES DNLY)			
The following states req	uire sex and race to obtain info	rmation: AL, AR, FL, GA, IA, IL,	IN, MI, OR, SC, TX, WI
Sex: Male Fer	nale Race: Asian	☐ Black/African American ☐ H	Hispanic/Latino
Driver's License Number license	State Issuing	License	Name as it appears on
		IS TRUE AND CORRECT. I UNDERST IF I AM HIRED OR ALREADY WORK I	

Signature

Today's Date